

APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

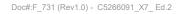
| Applicant's Business Name | RADIOSHACK WORLDWIDE CORP. | | | |
|------------------------------------|--|--------------------------|--|--|
| Applicant's FRN | 0034530394 | | | |
| Model Number | 6301910,63019111,6301912,6301913 ,6301914,6301916,6301921,6301922 | Request for Grantee Code | | |
| FCC ID: (Grantee + Applicant Code) | 2BDUR-6301916 | | | |
| Address line 1 | Millennium Tower, 18th floor floor Paseo | | | |
| Address line 2 | General Escalon Number 3675 Col. Escalon, | | | |
| City | San Salvador | Zip/ Postal Code | | |
| State | | P.O. Box | | |
| Country | El Salvador | Phone | (503)2250-2000 | |
| First Name | RODOLFO | Fax | (503)2250-2000 | |
| Middle Name | | Email | rodolfoefrain chavez@unicomer.c om | |
| Last Name | CHAVEZ | Mail Stop | | |
| Title | manager | | | |

Section: Two

| | t, the original Grant is authorized to be mailed to | | contact.) | | |
|---------------------|---|--|--|--|--|
| Technical Contact | | <u> </u> | · · · | | |
| Company Name | RADIOSHACK WORLDWIDE | RADIOSHACK WORLDWIDE CORP. | | | |
| Address | · · | Millennium Tower, 18th floor Paseo General Escalon Number 3675 Col. Escalon, San Salvador, El Salvador | | | |
| City | San Salvador | Zip/ Postal Code | | | |
| State | | P.O. Box | | | |
| Country | El Salvador | Phone | (503)2250-2000 | | |
| Contact Person | RODOLFO CHAVEZ | Fax | (503)2250-2000 | | |
| Title | manager | Email | rodolfoefrain chavez@unicomer.c om | | |
| Non - Technical Con | ntact | | 1 | | |
| Company Name | | | | | |
| Address | | | | | |
| City | | Zip/ Postal Code | | | |
| State | | P.O. Box | | | |
| Country | | Phone | | | |
| Contact Person | | Fax | | | |
| Title | | Email | | | |

Section: Three

| Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459] | ☐ Yes |
|---|--------------|
| Does this application include a request for Short Term Confidentiality (STC)? Date? (mm/dd/yyyy) | ☐ Yes |
| Is this application for Software Defined Radio (SDR) authorization? | ☐ Yes ☐ No |





| Is there a PAG associated with this Application? Please specify KDB number: | | | | Yes 🛛 No | | | |
|--|---------------------|--|-------------|--------------------------|------------------------------------|---------------|---|
| Does the applicant request a deferred Grant Date? (mm/dd/yyyy) | | | | Yes 🛛 No | | | |
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| | | | | | | | |
| Is this a Modular | r or Limited Mod | lular Certification? | | Is there | a waiver associated w | ith this fil | ing? |
| ⊠ No | ☐ Yes | | | ☐ Yes | | | |
| Modular Type: | (if you answered "Y | /es") gle Modular Approval | | ⊠ No | | | |
| | _ , | ited Single Modular Ap | oproval | Waiver No | umber: | | |
| | ☐ Spli | t Modular Approval | | Walver B | | | |
| | ☐ Spli | t Limited Modular App | roval | | | | |
| | | | | | T | | |
| Description of p | roduct as it is m | arketed | | | Smart Camera | | |
| (note: this text will a | ppear below the eq | uipment class on the gran | nt) | | Smart Camera | | |
| Purpose of the A | Application: | | | | | | |
| ☐ Original equ | uipment | | | | | | |
| _ | • | esently authorized equ | • | | | | |
| Original FC | CID: 2APD | <u>7-G12 </u> | riginal Gr | ant Date (M | M/DD/YYYY): <u>08/15/2</u> | <u>023</u> | |
| ☐ Class II per | missive change o | or modification of prese | ently autho | orized equip | oment | | |
| ☐ Class III pe | rmissive change | to software defined rac | dio (Note: | this may only | y be filed for applications pe | rtaining to S | Software Defined Radio) |
| Equipment Spec | ifications | | | | | | |
| The equipment v | will be operated | under FCC Rule Part | | | 15.247 | | |
| Frequency ra | ange in MHz | Rated RF power output (Watts) | | cy tolerance lz, ppm) | Emission (NOT for Part 15 devices) | Designator | FCC Equipment Code (ex:: DTS, DSS, PCE) |
| 2412 | 2462 | 0.05212 | | | | | DTS |
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| NOTE: If additional Equipment Specifications required, please use separate page | | | | | | | |
| Is the equipment in this application? | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | ⊠ No | | |
| (h) part of a system that operates with or is marketed with another device that requires | | | | | | | |
| an equipment authorization? | | | | | | | |
| If either of the above questions is answered "Yes" please complete the following statement | | | | | | | |
| (c) The related application checked above is (Check one box only) has been granted under the FCC ID listed to the right FCC ID- | | | | | | | |
| is in the process of being filed under the FCC ID listed to the right is nending with the FCC under the FCC ID listed to the right | | | FCC ID: | | | | |





Section: Four

| Name of Test Firm and contact person on file with the FCC, if different from applicant or contact person | | | | |
|---|--|---|--------------------|--|
| Company name | Global United Technology Services | Global United Technology Services Co., Ltd. | | |
| Address | No. 123-128, Tower A, Jinyuan Business Building, No.2, Laodong Industrial Zone, Xixiang Road, Baoan Distric | | | |
| City | Shenzhen | Zip Postal Code | 518102 | |
| State | Guangdong | P.O. Box | | |
| Country | China | Phone | 86-0-755-2779-8480 | |
| Contact Person | Robinson Lo | Fax | | |
| Email | robinson.lo@gtstest.com | | | |
| FCC Registered Test Site Number (required for part 15 and 18 applications) | | | 381383 | |

| FCC Registered Test Site Number (required for part 15 and 18 applications) | 381383 | | | | |
|--|------------|--|--|--|--|
| | | | | | |
| Read each certification carefully before answering and signing this application | | | | | |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISO SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503). | , | | | | |
| SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION: The applicant must certify that neither the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of a "party" for these purposes | | | | | |
| Does the applicant or authorized agent so certify? | ⊠ Yes □ No | | | | |

APPLICANT/AGENT CERTIFICATION:

I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto, are true and correct to the best of my knowledge and belief. In accepting a Grant of Equipment Authorization issued by Applus Laboratories as a result of the representations made in this application, the applicant is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC's technical requirements. Authorizing an agent to sign this application is done solely at the applicant's discretion; however, the applicant remains responsible for all statements in this application.

If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable the agent to respond to the above Section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of authorization must be submitted to Applus Laboratories or the FCC upon request, and that Applus Laboratories or FCC reserves the right to contact the applicant directly at any time.

| Original written signat authorized signer | ure of | (Month, Day, Year) | October 10,2024 | | | |
|---|--|-----------------------|-----------------|--|--|--|
| 71 1 | uthorized RODOLFO CHAVEZ | Title of | Manager | | | |
| signer | | authorized signer | | | | |
| Complete items below if ar | Complete items below if an agent signs the application | | | | | |
| Firm name | | | | | | |
| Address | | | | | | |
| City | | Zip/ Postal Code | | | | |
| State | | P.O. Box | | | | |
| Country | | Phone | | | | |
| Contact Person | | Fax | | | | |
| | | | | | | |