TCB Application Form 731

<u>Item 1</u> . Applicant's complete, legal business name:						
SUNGIL TELECOM CO., LTD.						
Applicant's FCC Registration Number (FRN)): 0010732899					
Item 2. Applicant's mailing address: fill in	n fields, as appropriate					
Line 1: Loadland EZ Tower #511, 513, Gumi-dong, Bundang-Gu,						
Line 2: Kyunggi-Do						
P.O. Box:						
City: Sungnam City						
	untry (if foreign address) DREA	: Zip/Postal Code: 463-500				
Item 3.FCC ID consisting of:Grantee Code: R2NEquipment Product Code (14 characters maximum): SXP-2080include "dashes" (-) where appropriate						
	PPLICANT'S contact pers					
First Name: Woo Won	Mail Stop:					
Last Name: Choung	Telephone	+82-31-714-0038				
Title: SENIOR ENGINEER	Fax No.: +8	32-31-714-9888				
E-mail: wwchoung@sungiltel.com						
Item 5. Test Firm Contact (if different from ap	plicant): fill in fields, as					
Firm Name:	Telephone:	Ext: Fax: No.:				
Digital EMC Co., Ltd	+82-31-321-2664	+82-31-321-1664				
First Name:HARVEY	Middle Initial:	Last Name:SUNG				
Address Line 1:683-3, Yubang-Dong	P.O. Bo					
Address Line 2:	City: Yongin-S					
Country (if foreign address):KOREA	Zip	Postal Code:449-080				
E-mail:harveysung@digitalemc.com		DIGITAL DIGGO LED				
<u>Item 6a.</u> Name of Test Firm and Contact Pers	son on file with the FCC:	DIGITAL EMC CO., LTD.				
Item 6b. FCC Registered Test Site Number. Required for Part 15 and 18 applications. 101842						
Item 7. Non-Technical Contact if Different:						
Firm Name:	Telephone:	Ext.: Fax No.:				
Digital EMC Co.,Ltd.	+82-31-321-2664	+82-31-321-1664				
First Name: Harvey	Middle Initial:	Last Name:Sung				
Address Line 1:683-3, Yubang-Dong		P.O. Box:				
Address Line 2:	City:Yongin-Si State:Kyunggi-Do					
Country (if foreign address):KOREA	Zip/	Postal Code:449-080				
E-mail:harveysung@digitalemc.com						
Item 8. * Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission Rules?						
Item 9. *Is this application for modular approval? Yes No						
If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407.						
Item 10. *Is this application for software defined radio authorization? Yes No						
<u>Item 11.</u> Equipment Class: 3-digits required TNB Description of Product as it is marketed: SINGLE-BAND CDMA 2000 1x WLL Terminal						
Item 12. *Application is for:						
Original Equipment						
Change in identification of presently authorized equipment:						
Original FCC ID	Grant Date	(MM/DD/YYYY)				

Class II permissive change or modification of presently authorized equipment Class III permissive change to software defined radio Note: this may only be filed for applications pertaining to Software Defined Radio								
Item 13. Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization?							☐ Yes ⊠ No	
* (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?						☐ Yes ⊠ No		
If either of the above questions is answered "Yes" complete section 12 (c).								
(c) The related	* *		. 1.			FCC ID		
_	nted under the FCC ess of being filed u		•	right				
	ith the FCC under			11giit				
	ill be operated un							
22H								
	PMENT SPECIFI		Where applica				1.0	
Frequency r	ange in MHz	Rated RF	Frequency tolerance Emis				Microprocessor model number	
		power output		%, Hz, ppm	Designa 47 CFR 2		model number	
		IN			2.2	02)		
		WATTS						
824.70	848.31	0.413	2.5	ppm	1M28F9	W		
D	ad each certificat	tion carefully b	efore answeri	ng and sig	mina this	annlicet	ion	
WILLFUL FALSE	STATEMENTS MAD	DE ON THIS FOR	M ARE PUNISHA	ABLE BY FI	NE AND/C	R IMPRIS	ONMENT (U.S.	
CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT								
(U.S. CODE, TITLE 47, SECTION 312 (a) (1)), AND/OR FORFEITURE (U.S. TITLE 47, SECTION 503). Item 15.								
(This Section intentionally left blank)								

Item 16. 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 the TCB, under the authority of the FCC, 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 the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

the approach choosing at any time.								
*Signature of Authorized Applicant: Harvey Sung								
Title of Authorized Signature: Technical Director								
Complete items below if an agent signs the application								
Firm Name:		Telephone:		Ext.:	Fax No.:			
DIGITAL EMC Co.,Ltd.		+82-31-321-2664			+82-31-321-1664			
First Name:Harvey		Middle Initial:		Last Name:Sung				
Address Line 1:683-3, Yubang-Dong		P.O. Box:						
Address Line 2:								
City:	State:	Country (if foreign address):		Zip/Postal Code:				
Yongin-Si	Kyunggi	i- KOREA			449-080			
	Do							
NOTE: An asterisk '*' preceding a field indicates it must be completed								