# UL_Enterprise_red_rgb

**UL – FCC TCB PROGRAM**

**Application for FCC Certification – Form 731**

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| **SECTION I - *ALL ITEMS IN THIS SECTION MUST BE COMPLETED*** |
| 1. **Applicant’s complete, legal business name**      | [ ]  | Check here if this is a change inname and/or address not previouslyreported  |
| 1A. **Applicant’s Federal Registration Number (FRN)** |
|       |
| 2. **Applicant’s mailing address** (Line 1) |
|       |
|  Applicant’s mailing address (Line 2) (if required) |
|       |
|  City |
|       |
| State or Country (if foreign address) | ZIP/Postal Code | 3. FCC ID: | (b) Equipment Product Code |
| (a) Grantee Code | (14 characters maximum) |
|       |       |       |       |
| 4. **Name, Title and Mail Stop**, if any, of person at the applicant’s address to receive grant, or for contact: |
|       |
| 5. (a) **Telephone No**. (Area/Country/City Code, No. and Ext.) | (b) **FAX No.** (Area/Country/City Code and No.) |
|       |       |
|  (c) **Internet e-mail address**:       |
| **SECTION II – *CONTACT INFORMATION***  |
| 1.(a) **Instead of Applicant, original Grant shall be mailed to**:       |
|  Firm Name |       |
|  Number, street |       |
|  City |       |
|  State/Country |       |
|  　 ZIP/Postal Code |       |
|   |  |
|  (b) Name, Title and Mail Stop, if any, of person at above address to receive Grant:       |
|  |
| 2.(a)**Technical contact**: |  | (b) Telephone No. (Area/Country/City code, No. and Ext.) |
|  Firm Name |       |       |
|  First name |       |
| 　　　Last name |       |
|  Number, street |       | (c) FAX No. (Area/Country/City code, and No.) |
|  City |       |       |
|  State/Country |       |
|  ZIP/Postal code |       |
|  (d) **Internet e-mail address**:       |
|  (e)**Non-Technical contact**: | (f) Telephone No. (Area/Country/City code, No. and Ext.) |
|  Firm Name |       |       |
|  First name |       |
| 　　　Last name |       |
|  Number, street |       | (g) FAX No. (Area/Country/City code, and No.) |
|  City |       |       |
|  State/Country |       |
|  ZIP/Postal code |       |
|  (h) **Internet e-mail address**:        |

**SECTION III –*EQUIPMENT AUTHORIZATION SUMMARY***

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| **UL_Enterprise_red_rgb**1(a). **Confidentiality** Does this application include a request for confidentiality for a portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules? [ ]  Yes [ ]  No |
| 1(b). **Short Term Confidentiality** Does the application include a request for short term confidentiality for a portion(s) of the data contained in this application pursuant to short term confidentiality requirements of the Commission’s Rules? [ ]  Yes　[ ]  NoIf yes, [ ]  45-day　[ ] 90-day　[ ] 135-day　[ ] 180-day　[ ] Other (     -day) |
| 2.　 Is there a KDB inquiry associated with this application?　 [ ]  Yes　　[ ]  No 　　 If yes, enter the KDB number:       |
| 3.　 Modular Equipment 　 [ ]  N/A　[ ]  Single modular approval　 [ ]  Single limited modular approval  |
| 4. 　 **Defer Authorization** Does the applicant desire to defer the grant of this application pursuant to 47 CFR 0.457(d)(ii)? 　　　[ ]  Yes [ ]  No　　If Yes, indicate the requested date the authorization is to become effective: \_     \_  |
| 5.(a) Equipment Code and description:  | (b) Equipment will be operated under FCC Rule Part(s): |
|  |       |       |
|  |       |  |
|  |
| 5.(c) Description of product as it is marketed: (Note: this text will appear below the equipment class on the grant)  |
|       |
| 6. Application is for (Check one box only) |
|  [ ]  1. Original 　　 equipment |  [ ]  2. Change in identification of presently authorized equipment | [ ]  3. Class II permissive change or  　　 modification of presently 　　　　 authorized equipmentGrant date:       |
|  |       |       |  |
|  | Original FCC ID | Grant date |  |
| 7.**Equipment Specifications**:  |
|  |  |  |  |  |
| (a) Frequency rangein MHz | (b) Rated RF power outputin watts (applicable only when rule section provides limits in terms of power) | (c) Frequency tolerance%, Hz, ppm (Licensed devices only) | 1. Emission designator

(See 47 CFR §2.201 and § 2.202) (Licensed devices only) | (e) Microprocessor model number (Licensed devices only) |
|       |       |       |       |       |
| 8. Is the equipment in this application: |
| (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 |
| 9. If either of 8 (a) and/or (b) is answered “yes”, complete the following:The related application: |
| [ ]  has been granted under the FCC ID listed below | [ ]  is in the process of being filed under the FCC ID listed below | [ ]  is pending with the FCC under the FCC ID listed below |
|       |
| **FCC ID** |
| 10. (a) **Name of test firm on file with the FCC**, if different from applicant or contact person:       |
|  (b) Contact person |       | (c) Telephone No. (Area/Country/City code, No. and Ext.) |
|  Number, street |       |       |
|  City |       |
|  State/Country |       | (d) FAX No. (Area/Country/City code, and No.) |
|  ZIP/Postal code |       |       |
|   |
|  (e) Internet e-mail address:        |
|  |

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| **UL_Enterprise_red_rgb****SECTION IV - Read each certification carefully before answering and signing this application.** |
| **WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT(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. CODE, TITLE 47, SECTION 503).** |
| 1. **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 |
| 2.(a) **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. If this application was previously submitted to the FCC or any other Telecommunication Certification Body for FCC Certification, we agree to provide UL Japan with the complete details of the previous application. In accepting a Grant of Equipment Authorization issued by the FCC under the UL Japan TCB Program 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.  |
|  |  |       |
| Original written signature of authorized signer | Date (Month, Day, Year) |
|       |  |       |
| Typed/printed name of authorized signer | Title of authorized signer |
| Complete items below if an agent signs the application, |
| (b)  |  |  |
| Firm Name |       | (c) Telephone No. (Area/Country/City code, No. and Ext.) |
| First name |       |       |
| Last name |       |
| Mailing address: |  |
| Number, street |       | (d) FAX No. (Area/Country/City code, and No.) |
| City  |       |       |
| State/Country  |       |
| ZIP/Postal code |       |
| (e) Internet e-mail address:       |