

**FO013 - TCB Application Form 731**

<b>To be completed by EMCCert DR. RAŠEK GmbH</b>			
Project No.			
Scope		Date Filed	
Pre-Check		Grant Note(s)	
Assessor			

Please fill in shaded items:

<b>Item 1. Applicant's complete, legal business name:</b>			
ACOM Ltd			
<b>*Applicant's FCC Registration Number (FRN):</b> 0025932435			
<b>Item 2. Applicant's mailing address:</b>			
<b>Line 1:</b> Nikola Mushanov 151			
<b>Line 2:</b> 1330, Sofia, Bulgaria			
<b>P.O. Box:</b> N/A			
<b>City:</b> Sofia			
<b>State:</b> N/A		<b>Country (if outside USA):</b> Bulgaria	<b>Zip/Postal Code:</b> 1330
<b>Item 3. FCC ID</b>	<b>*Grantee Code:</b> 2AJXZ	<b>*Equipment Product Code (14 characters maximum):</b> 1200S	
<b>Item 4. Person at the applicant's address to receive grant or for contact:</b>			
<b>First Name:</b> Val		<b>Last Name:</b> Mihailov	
<b>Title:</b> N/A		<b>Telephone:</b> +35929209780	
<b>E-mail:</b> acom@acom-bg.com		<b>Fax No.:</b> +35929209656	
<b>Item 5. Test Firm:</b>			
<b>Firm Name:</b> EMCCert DR. RAŠEK GmbH		<b>Telephone:</b> +49 9194 7263-888	<b>Ext:</b>  <b>Fax No.:</b> +49 9194 7263-889
<b>First Name :</b>		<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Address Line 1:</b> Stoernhofer Berg 15		<b>P.O. Box :</b>	
<b>Address Line 2:</b> 91364 Unterleinleiter, Germany		<b>City:</b> Unterleinleiter	<b>State:</b>
<b>Country (if outside USA):</b> Germany		<b>Zip/Postal Code:</b> 91364	
<b>E-mail:</b> emc.cert@emcc.de			
<b>Item 6. FCC Registered Test Site Number (required for Part 15 and 18):</b>			
<b>Item 7. *Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.457 and 0.459 of the Commission Rules?</b> * Does this application include a request for Short Term confidentiality for any portion(s) of the data contained in this application pursuant to DA 04-1705? <b>If yes, please submit a confidentiality request letter indicating the exhibit(s) to be held confidential (or short-term confidential).</b>		<b>Permanent Confidentiality</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Short-Term Confidentiality</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, please specify the Short-Term Confidentiality in days (max. 180 days): _____	







**Item 15. Is there an equipment authorization waiver associated with this application?**☐ Yes ☒ No

Is there an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded?

☐ Yes ☒ No**Item 16. \*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 this applicant or authorized agent so certify? ☒ Yes ☐ No

**Item 17. APPLICANT/AGENT CERTIFICATION AND AGREEMENT:**

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 Applicant agrees to accept the EMCCert General Terms and Conditions and accepts responsibility for all EMCCert charges arising from this application.

The Applicant acknowledges that any exhibit submitted in conjunction with this application and not listed in the confidentiality request letter as per Item 7 is publicly available on the FCC Web Site immediately after the application has been completed. It is understood that a separate cover letter exhibit must be submitted with the application requesting and justifying such confidentiality in conjunction with the Form 731.

**\*Signature of Authorized Applicant:** Val Mihailov **Date:** 15.09.2017

**Title of Authorized Signature:** Applicant

**Complete items below if an agent signs the application**

<b>Firm Name:</b>	<b>Telephone:</b>	<b>Ext.:</b>	<b>Fax No.:</b>
<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Address Line 1:</b>		<b>P.O. Box:</b>	
<b>Address Line 2:</b>			
<b>City:</b>	<b>State:</b>	<b>Country (if outside USA):</b>	<b>Zip/Postal Code:</b>



**NOTE: An asterisk "\*" preceding a field indicates it must be completed.**