## EMCCert DR. RAŠEK GmbH

- Certification Institute -Stoernhofer Berg 15 91364 Unterleinleiter



Germany

## FO013 - TCB Application Form 731

Notified Body EMC Directive 2014/30/EU
Notified Body Directive 2014/53/EU
RF CAB under the Japan-EC MRA
FCB under the Canada-EC MRA
TCB under the U\$-EC MRA

To be completed	by EMCCert DR. RAŠE	K GmbH						
Project No.								
Scope			D	ate File	d			
Pre-Check								
TTE-OTICCK	Grant Note(s)							
Assessor								
Please fill in shaded								
ACOM Ltd	s complete, legal busi	ness name	e:					
*Applicant's FCC	Registration Number	(FRN): 0025	5932435					
Item 2. Applicant's	s mailing address:							
Line 1: Nikola Musha								
Line 2: 1330, Sofia	a, Bulgaria							
P.O. Box: N/A								
City: Sofia State:		Country	(if outside I	ICA).		7in/Doot	ol Codo	
N/A	Country (if outside USA): Zip/Postal state   Bulgaria				ai Code.			
Item 3. FCC ID	*Grantee Code: 2AJXZ		ent Product	Code	(14 cha		naximum):	
Item 4. Person at	the applicant's addres		ve grant or	for con	tact:			
First Name: Val Last Name: Mihailov								
Title: N/A	Telephone: +35929209780							
E-mail: acom@acom	n-bg.com		Fax No.: +	3592920	9656			
Item 5. Test Firm:								
Firm Name: EMCCert DR. RAS	Telephone: +49 9194 7263-888		Ext		Fax No.: +49 9194 7263-889			
First Name :		Middle In	itial:		t Nam			
Address Line 1: S			City: Untari		). Box			
Address Line 2: 91364 Unterleinleiter, Germany  City: Unterleinleiter  State:  Zip/Postal Code: 91364								
E-mail: emc.cert@en			Lipii ootai	oouc.	31004			
	tered Test Site Number	er (require	d for Part 1	5 and 1	8):			A SECTION
Item 7. *Does this application include a request for confidentiality for				Permanent Confidentiality				
any portion(s) of the data contained in this application pursuant to 47 CFR 0.457 and 0.459 of the Commission Rules?				⊠ Yes □ No				
* 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?				Short-Term Confidentiality ☐ Yes ☐ No			ılity	
If yes, please submit a confidentiality request letter indicating the exhibit(s) to be held confidential (or short-term confidential).				If yes, please specify the Short-Term Confidentiality in days (max. 180 days):				

Item 8. Is there a KDB inquiry associated with this application? Yes No If so, please enter the inquiry tracking number:						- X		
Item 9. *Is	this application	on for modular appro	oval? Yes	⊠ No				
If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407 and specify which one:						and		
☐ Single Modular Approval ☐ Limited Single Modular Approval ☐ Split Modular Approval ☐ Limited Spl							Split	
Modular A	pproval							
	Item 10. *Is this application for software defined radio authorization? ☐ Yes ☒ No							
<ul> <li>*Equipment Class: *Description of Product as it is marketed (50 characters maximum):</li> <li>3-digits required *Description of Product as it is marketed (50 characters maximum):</li> <li>(NOTE: This text will appear below the equipment class on the grant)</li> </ul>								
AMP								
○ Original	Equipment							
Origina	I FCC ID	on of presently auth		ient: Grant Date ( <b>l</b>	MM/DD	/YYYY)		
□ Class II	permissive c	hange or modification	on of presently	authorized e	auinme	ent		
Class II	I permissive of	change to software	defined radio					
		pe filed for application in this application		lo Sollware L	Jeimea	Radio		
* (a) a com	posite device	subject to an additi	onal equipmer	nt authorization	on?	☐ Yes 区	] No	
	* (b) part of a system that operates with, or is marketed with, another device							
	that requires an equipment authorization?							
If either of section 13		uestions is answe	red with "Yes	" complete				
	(c) The related application:  has been granted under the FCC ID listed to the right							
is in the process of being filed under the FCC ID listed to the right								
is pending with the FCC under the FCC ID listed to the right has a mix of pending and grated status under the FCC ID(s) listed								
* Equipment will be operated under FCC Rule Part(s):								
97  Item 14. EQUIPMENT SPECIFICATIONS: (only where applicable)								
(a) Freque	ncy range in	(b) Rated RF	(c) Frequenc			sion Designator	Micropro	
MHz power output in watts (See 47 CFR 2.201 model number of the second s						lumber		
1.8	54	1000	ppm, l	lz, % N/A	N/A		dsPIC30F	6014A
1.0	04	1000	IV/A	IN//A	IN//			
	-7, -0, -0, -0, -0, -0, -0, -0, -0, -0, -0							
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. TITLE 47, SECTION 503).								

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1. 1. 1. 1.							
Item 15. Is there an equipmen	nt <mark>authorization waiver as</mark> sociat	ed 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	☐ Yes ⊠ No						
	TI-DRUG ABUSE) CERTIFICATION						
Federal benefits, that include F	neither the applicant nor any party CC benefits, pursuant to Section	to the application of the A	cation is subject to a denial of				
U.S.C. §862 because of a conv	viction for possession or distribution	n of a contro	lled substance. See 47 CFR				
§1.2002(b) for the definition of							
*Does this applicant or authoriz		☐ No					
Item 17. APPLICANT/AG	ENT CERTIFICATION AND	AGREEM	IENT:				
I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached							
	the best of my knowledge and beli						
application the applicant is res	B, under the authority of the FCC, ponsible for (1) labeling the equip	as a result o	of the representations made in this				
	tement labeling pursuant to the ap						
	technical rules. If the applicant is r						
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.						
remains responsible for all stat	ements in this application.						
If an agent has signed this app	lication on behalf of the applicant,	a written lett	er of authorization which includes				
	t to respond to the above Section cant. It is understood that the letter						
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 accord the EMCCord Consul Towns and Conditions and according to the Condition of the							
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							
Firm Name: Telephone: Ext.: Fax No.:							
First Name: Middle Initial: Last Name: * near							
Address Line 1:   Middle Initial:   Last Name:   P.O. Box:							
Address Line 2:							
City: State:	Country (if outside L	JSA):	Zip/Postal Code:				
NOTE: An aster	isk "' preceding a field ind	licates it m	nust be completed.				