



APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's Business Name	SHENZHEN QIYUE OPTRONICS COMPANY LIMITED				
Applicant's FRN	0019041201				
MODEL NUMBER	SLD48G45RQ, etc. Request for Grantee Code				
FCC ID: (Grantee + Applicant Code)	XOMIPD48B240	•			
Address line 1	Flat3, Tower 3, Excellence City, Zhongkang Road 128, Shangmeilin, Futian District				
Address line 2					
City	Shenzhen	Zip/ Postal Code	:		
State	Guangdong	Box			
Country	China	Phone	+86 75525884227		
First Name	Hellen	Fax	+86 75525884583		
Middle Name		Email	ella@qiyue.cn		
Last Name	Xiang	Mail Stop			
Title	Sales manager				

Section: Two

Technical Contact					
Company Name	Teleconformity				
Address	Rietven 31				
City	Enschede	Zip/ Postal Code	7534NH		
State	Overyssel	P.O. Box			
Country	The Netherlands	Phone	+31 84 8395867		
Contact Person	Mark Koop	Fax	+31 84 8362566		
Title	Manager	Email	mark.koop@		
riue		Email	teleconformity.com		
Non - Technical Con	tact		•		
Company Name	same as technical contact				
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 □ No
Does this application include a request for Short Term Confidentiality (STC)? Date?	☐ Yes ⊠ No
Is this application for Software Defined Radio (SDR) authorization?	☐ Yes ⊠ No
Is there a PBA associated with this Application? Please specify KDB number:	☐ Yes
Does the applicant request a defered Grant Date? If so, specify date:	☐ Yes ⊠ No



the wireless lab

la this a Madulay and insited Madulay Contitiontion?								
	Is this a Modular or Limited Modular Certification?					waiver associated wit	n this filir	ig?
∐ Yes	☐ Yes ⊠ No			Yes				
Modular Type: (please complete if you answered "Yes")			⊠ No					
	Single Modular Approval			Waiver Num	ber:			
	Limited Single Modular Approval			Waiver Date	:			
		Split Modular App	oroval					
Split Limited Modular Approval								
	Description of product as it is marketed (note: this text will appear below the equipment class on the grant) 48"LED LCD FULL HD SMART TV						TV	
		Application:	uipment class on the t	granty				
	riginal equ							
1	•	•	racantly outhorized	oguinment:				
1			resently authorized		0 15 1 41	WWDD 40000		
						IM/DD/YYYY):		
□ c	lass II pen	missive change o	or modification of pr	resently authori	zed equipment			
			to software defined pplications pertaining		ad Dadia			
		· · ·	ppiications pertaining	to Sollware Delin	eu Raulo			
	nent Spec)4(-)		45.047		
			under FCC Rule P	rart(s) Frequency	tolerance	15.247 Emission Designator		FCC Equipment Code
Fr	requency ra	nge in MHz	power output		, ppm)	(NOT for Part 15 device	s)	(ex:: DTS, DSS, PCE)
24	412	2462	0.0989					DTS
24	422	2452	0.0984					DTS
NOTE:	If addition	nal Equipment S	Specifications requ	uired, please u	se separate p	age		
Is the e	equipment	t in this applicat	ion?					
(a) a composite device subject to an additional equipment authorization?					⊠ No			
(b) part of a system that operates with, or is marketed with, another device that requires					⊠ No			
an equipment authorization?								
If either of the above questions is answered "Yes" please complete the following statement								
(c) The	(c) The related application checked above is (Check one box only)					FCC ID:		
	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				FOCID.			



the wireless lab

Section: Four

Name of Test Firm and contact person on file with the FCC, if different from applicant or contact person					
Company name	Shenzhen CTL Testing Technology Co., Ltd.				
Address	Floor 1-A, Baisha Technology Park, No. 3011, Shahexi Road, Nanshan				
City	Shenzhen	Zip Postal Code	ode		
State	Guangdong	P.O. Box			
Country	China	Phone	+86 86-755-89486194		
Contact Person	Tracy Qi				
Email	tony@bontek.com.cn				
FCC Registered Test	970318				

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).

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 MiCOM Labs Certification 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 MiCOM Labs Certification or the FCC upon request, and that MiCOM Labs Certification or FCC reserves the right to contact the applicant directly at any time.

Original written signature of authorized signer	of	MHkoop	Date (Month, Day, Year)	2015-07-27		
Typed/printed name of authorized signer		Mark Koop	Title of authorized signer	Manager		
Complete items below if an agent signs the application						
Firm name	Teleconformity					
Address	Rietven 31					
City	Enschede		Zip/ Postal Code	7534NH		
State	Overyssel		P.O. Box			
Country	The Netherl	ands	Phone	+31 84 8395876		
Contact Person	Mark Koop		Fax	+31 84 8362566		
Title	Manager		Email	mark.koop@teleconformity.com		