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Vista Laboratories

TCB Application Form 731

For Vista Labs Use Only

Received Date:	
Project Number:	
Note:	

Item 1. Applicant's complete, legal business name:			
Applicant's FCC Registration Number (FRN):			
Item 2. Applicant's mailing address:			
Line 1:			
Line 2:			
City:	State:	Country:	Zip/Postal Code:
Item 3. Applicant Contact Person:			
First Name:		Last Name:	
Title:		Telephone:	
E-mail:		Fax No.:	
Item 4.	FCC ID consisting of:	Grantee Code:	Equipment Product Code (14 characters maximum): <i>include "dashes" (-) if applicable</i>
Item 5. Customer Info:			
Firm Name:		Telephone:	Ext: Fax: No.:
First Name:		Middle Initial:	Last Name:
Address Line 1:		P.O. Box:	
Address Line 2:		City:	State:
Country (if foreign address):		Zip/Postal Code:	
E-mail:			
Item 6. Test Firm Used to Take Measurements:			
Firm Name:		Telephone:	Ext.: Fax No.:
First Name:		Middle Initial:	Last Name:
Address Line 1:		P.O. Box:	
Address Line 2:		City:	State:
Country (if foreign address):		Zip/Postal Code:	
E-mail:			
FCC Registered Test Site Number or Designation # under MRA or within USA			
Item 7.			
1.) Does this application include a request for SHORT-TERM confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004?		SHORT-TERM request: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.) 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's Rules?		PERMANENT request: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Item 8. Is this application for modular approval? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit a cover letter addressing the modular approval requirements of 15.212.</i>			
Modular Type: <i>(only complete if Item 8 is "Yes")</i>			
<input type="checkbox"/> Single Modular Approval		<input type="checkbox"/> Split Modular Approval	
<input type="checkbox"/> Limited Single Modular Approval		<input type="checkbox"/> Limited Split Modular Approval	
Item 9. *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Item 10. Equipment Class: <i>3-digits required</i>		Enter a brief description of the product being marketed. (50 Character Limit)	
Continued on next page			

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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).

SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

The application 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 authorization agent so certify?

☐ Yes ☐ No

Item 15. 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.

If different from Applicant's contact (Item 3) you must supply a Letter of Authorization. This authorization letter must be signed by the applicant / grantee (Item 3). The authorization letter MUST name the person that they are authorizing to sign on their behalf.

***Signature of Authorized Applicant:** (Must be actual signature)

* Name & Title of Authorized Signature: (Typed)

***Company Name of Person Signing Application:**

NOTE: An asterisk “*” preceding a field indicates it must be completed.

Additional Frequencies: *Where applicable*

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