

APPLICATION FOR TYPE APPROVAL OF LOW POWER DEVICE

PART A: PARTICULARS OF APPLICANT

Company Name:		
Company Address:		
Email address:		
Mailing Address:		
Zip Code:	Phone:	Fax:

PART B: DETAILS OF THE EQUIPMENT

Name of the Manufacturer:		
Address of the Manufacturer:		
Brand Name:	Model No:	Trade Name:
RF channel spacing:	Type of Modulation:	Year of Manufacture:
RF Output:		
Operating Frequency range:		
a. Transmit: _____ MHz		
b. Receiver: _____ MHz		

FCC CFR 47 Part 15 Equipment Authorization

FCC Identifier:	FCC Equipment Class:
-----------------	----------------------

Purposed use of Equipment:

PART C: DOCUMENTATION

<input type="checkbox"/> A completed application form signed & stamped <input type="checkbox"/> FCC's Grant of Equipment Authorization Certificate <input type="checkbox"/> Technical Specification <input type="checkbox"/> Product User's manual <input type="checkbox"/> Letter of Authority, if other than Manufacturer	<input type="checkbox"/> Signed & dated Test Reports issued by an accredited Test Lab <input type="checkbox"/> Safety Report(s) <input type="checkbox"/> Electromagnetic Compa <input type="checkbox"/> Internal & External Photo of DUT <input type="checkbox"/> Any other document
---	---

DECLARATION OF APPLICANT

[I/we] hereby certify that all information provided above and the document(s) attached hereto are true and correct and [I/we] shall comply with policies and procedures on Type Approval as outlined in the Utilities Regulation and Competition Authority (URCA) Guidelines.

Signature of applicant: _____

Date: _____