

**TCB KIWA Netherlands B.V.**

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**APPLICATIONFORM 731**

**APPLICATION FOR EQUIPMENT AUTHORIZATION**

**FRN NUMBER of GRANTEE**

0022899827

Who is communicating *directly* with the Kiwa assessor for this filing?

Name: Axel Heike

Email: axel.heike@kontron.com

*On some fields you can use F1 for explanations or see the Status Bar*

**SECTION ONE: CONTACT/GENERAL INFORMATION**

1. Grantee's complete, legal business name Kontron Europe GmbH		
2. Grantee's mailing address Lise-Meitner-Str. 3-5		
City Augsburg	State or Country (if foreign address) Germany	ZIP/Postal Code 86156
3. FCC ID:  consisting of:	(a) Grantee Code (3-5 characters) 2AATH	(b) Equipment Product Code (14 characters maximum, show zeros as Ø) <i>include dashes (-) where appropriate</i> ALAS66A-W
4. Name, Title and Mail Stop, if any, of person at the grantee's address to receive grant, or for contact: (See the Instructions document) Axel Heike, Certification Manager, Siemensdamm 50, 13629 Berlin, Germany		
5. (a) Telephone No. (Area/Country/City code, No. and Ext.) 0049 30 31102-8246	(b) FAX No. (Area/Country/City code, No.) n.a.	
(c) Email address: axel.heike@kontron.com		
6.(a) <b>Technical contact:</b>  Company Name, Kontron Europe GmbH Contact person, Axel Heike Number, street, Siemensdamm 50 City, State/Country, Berlin, Germany ZIP/Postal Code 13629 Internet e-mail address: axel.heike@kontron.com		Telephone No. (Area/Country/City code, No. and Ext.) 0049 30 31102-8246  FAX No. (Area/Country/City code and No.)
(b) <b>Non-Technical contact:</b>  Company Name, n.a. Contact person, Number, street City, State/Country, ZIP/Postal Code Email address:		Telephone No. (Area/Country/City code, No. and Ext.)   FAX No. (Area/Country/City code and No.)

7. (a) **Long-Term Confidentiality (LTC):**  
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? If "Yes" a letter shall be attached. Yes  No

(b) **Short-Term Confidentiality (STC):**  
Does short-term confidentiality apply to this application? Yes  No   
If yes, specify the STC release date in (MM/DD/YYYY format): 180 days  Other planned date   
(if no date given the default will be 45 days from grant date; max time 180 days from grant date!). A letter shall be attached.

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8. **Software Defined/Cognitive Radio**  
Is this application for software defined/cognitive radio authorization? Yes  No

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9. **Related OET KnowledgeDataBase (KDB) Inquiry**  
Is there a KDB inquiry associated with this application? Yes  No   
If yes, enter the inquiry tracking number:

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10. **Modular Equipment:** (You have to select the correct type from the drop down menu below!)  
Select Modular Type: Single Modular

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11. (a) <b>Equipment Class:</b> P C B and/or FCC part : PCS Licensed Transmitter	(b) Equipment description to appear on FCC grant: Data Module
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(c) **Part 15B:** (Make the selection ONLY if this part applies to your equipment)  
Choose one of the options: Certification (JBP)  Declaration (SDoC)

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12. **Application Purpose** for: (Check one tick-box only)  
 Original equipment  
 Change in identification of presently authorized equipment  
Original FCC ID: QIPALAS66A-W Grant Date: 07/11/2019  
 Class II permissive change or modification of presently authorized equipment  
 Class III permissive change to Software Defined Radio (SDR)

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13. **Composite/Related Equipment**  
Is the equipment in this application:  
(a) a composite device subject to more than one type of equipment authorization?  Yes  No  
(b) part of a system that operates with, or is marketed with, another device that requires equipment authorization?  Yes  No  
(c) **If either of the above questions is answered "Yes" complete the following statement.**  
The related application: \_\_\_\_\_ has been granted \_\_\_\_\_ under the FCC ID(s) listed below:  
FCC ID: \_\_\_\_\_ FCC ID: \_\_\_\_\_ FCC ID: \_\_\_\_\_ FCC ID: \_\_\_\_\_

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14. **Test Firm Information**  
(a) Name of test firm on file with the FCC: 7layers GmbH  
(b) Address: Borsigstrasse 11, 40880 Ratingen, Germany  
(c) Contact person: Andreas Tübel (First and Last name)  
(d) Contact email: andreas.tuebel@bureauveritas.com  
(e) Telephone No. (Area/Country/City code, No. and Ext.): 0049 2102 749 452  
(f) Fax No. (Area/Country/City code and No.): 0049 2102 749 350  
(g) Test firm FCC designation number: DE0015



**Equipment Authorization Waiver**

Is there an equipment authorization waiver associated with this application? Yes  No   
If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? Yes  No

**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).**

**1. SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:**

The grantee must certify that neither the grantee 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 grantee or authorized agent so certify?  Yes  No

**2. GRANTEE/AGENT CERTIFICATION:**

I certify that I am authorized to sign this application and declare that we have not requested for a Grant of the same equipment by another TCB or the FCC. 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 FCC as a result of the representations made in this application, the grantee 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. The grantee declares not to make false claims, use the certification appropriately and make appropriate declarations on the literature.

If the grantee 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 grantee's discretion; however, the grantee remains responsible for all statements in this application.

If an agent has signed this application on behalf of the grantee, 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 grantee. 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 grantee directly at any time.

**3 MARKET SURVEILLANCE**

The grantee is (made) aware and accepts that FCC rules require that production samples of the equipment to be certified must be made available for market surveillance purposes at all times. Non-compliance with the surveillance procedure (if requested to supply a product for that purpose) has to be reported to the FCC and may result in blocking of the grantee code or dismissal of the applicable grant.

4 By signing this form at the bottom, the grantee hereby declares that he or she:

- accepts this application as an order and will pay all associated costs in case no other order has been agreed;
- *is familiar with and understands the general conditions of mother company Kiwa Netherlands. The generation conditions can be downloaded from <https://www.kiwa.nl/publications/terms-conditions-regulations>:*
  - The General conditions for the performance of orders (2014)
  - Additional Regulation of Legal Certification Arrangements
  - Kiwa Regulation for Certification (2017)
- has completed this application form truthfully.

5 Complete items below if an agent signs the application.

Agent's business name, Axel Heike  
Number, street, Siemensdamm 50  
City, State/Country, Berlin, Germany  
ZIP/Postal Code 13629  
Email address axel.heike@kontron.com

Telephone No. (Area/Country/City code, No. and Ext.)

0049 30 31102-8246

FAX No. (Area/Country/City code and No.)

n/a

**SIGNATURE:**

Original written signature of authorized signer

04/08/2024

Date (Month, Day, Year)

Axel Heike

Certification Manager

Typed/printed name of authorized signer

Title of authorized signer