



APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's Business Name	Joint Chinese Ltd		
Applicant's FRN	0023528003		
MODEL NUMBER	JA-1657	☐ Request for	Grantee Code
FCC ID: (Grantee + Applicant Code)	2AB73JA-1657		
Address line 1	Building 6, Huafeng Tech Park,		
Address line 2	Luotian Industrial Area, Songgang Town, Baoan		
City	Shenzhen	Zip/ Postal Code	
State		P.O. Box	
Country	China	Phone	86-755-33180892
First Name	Kathy	Fax	86-755-33180893
Middle Name		Email	admin@jointcorp.com
Last Name	Zhao	Mail Stop	
Title	Export Sales Manager		

Section: Two

Instead of Applicant, the original Grant is authorized to be mailed to (All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.)					
Technical Contact					
Company Name	Shenzhen Tongce Testing Lab				
Address	1B/F., Building 1, Yibaolai Industrial Park, Qiaotou, Fuyong, Baoan District,				
City	Shenzhen Zip/ Postal Code				
State		P.O. Box			
Country	China	Phone	+86-0755-27673339		
Contact Person	Joe Zhou	Fax	+86-0755-27673332		
Title	Manager	Email	joe.zhou@tct-lab.com		
Non - Technical Contact					
Company Name					
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?	
Does this application include a request for Short Term Confidentiality (STC)? Date?	☐ Yes
Is this application for Software Defined Radio (SDR) authorization?	☐ Yes
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



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Is this a Modular or Limited Modular Certification?			Is there a waiver associated with this filing?			
☐ Yes ☑ No			☐ Yes			
Modular Type: (please complete if you answered "Yes")			⊠ No	No		
☐ Single Modular Approval Waiver Number:						
☐ Limited Single Mo	dular Approval		Waiver Da	nte:		
☐ Split Modular App	roval					
Split Limited Modu	ular Approval					
Description of product as it is made (note: this text will appear below the equ	Description of product as it is marketed J Style Smart Sleep Belt				ep Belt	
Purpose of the Application:	apriloni diada dir ura g	grant)				
☐ Original equipment						
☐ Change in identification of pro	esently authorized	equipment:				
Original FCC ID:	•		I Grant Date	(MM/DD/YYYY):		
☐ Class II permissive change o		_		,		
	·	•	izeu equipini	siit		
Class III permissive change t Note: this may only be filed for a			ned Radio			
Equipment Specifications	<u> </u>					
The equipment will be operated u	under FCC Rule P	art(s)				
	Rated RF	Frequency	tolerance	Emission Designator		FCC Equipment Code
Frequency range in MHz	power output	(%, Hz	ppm)	(NOT for Part 15 device	s)	(ex:: DTS, DSS, PCE)
2402 2480	0.00108W					DTS
NOTE: If additional Equipment Specifications required, please use separate page						
Is the equipment in this application?						
(a) a composite device subject to an additional equipment authorization? ☐ Yes ☐ No			⊠ 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 related application checked above is (Check one box only)						
has been granted under is in the process of bein is pending with the FCC	ng filed under the F	CC ID listed to	•			FCC ID:



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Section: Four

Company name	Shenzhen Tongce Testing Lab		
Address	1B/F., Building 1, Yibaolai Industrial Park, Qiaotou, Fuyong, Baoan District,		
City	Shenzhen	Zip Postal Code	
State		P.O. Box	
Country	China	Phone	+86-0755-27673339
Contact Person	Joe Zhou	Fax	+86-0755-27673332
Email	joe.zhou@tct-lab.com	·	
FCC Registered Test Site Number (required for part 15 and 18 applications)			645098

Read each certification carefully before answering and signing this application				
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRI 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PER 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	Jon Ken	Date (Month, Day, Year)	Oct. 19, 2017		
Typed/printed name of authorized signer	Joe Zhou	Title of authorized signer	EMC manager		
Complete items below if an agent signs the application					
Firm name					
Address					
City		Zip/ Postal Code			
State		P.O. Box			
Country		Phone			
Contact Person		Fax			
Title		Email			