

**Application for Equipment Authorization Intertek TCB Form 731 (03-04-2019)**

Applicant Information

**Applicant's complete, legal business name:** WaveLynx Technologies Corporation  
**FCC Registration Number (FRN):** 0224476392  
**Line one:** 100 Technology Drive, STE 130B  
**Line two:**  
**P.O. Box:**  
**City:** Broomfield  
**State:** CO  
**Country:** USA  
**Zip Code:** 80021

FCC ID

**Grantee Code:** 2AEI3 3 or 5 digit code assigned by the FCC  
**Product Code:** WLTC-ER2X-SK17 14 Maximum characters (letters, numbers, and dash)

Person at the applicant's address to receive grant or for contact

**First Name:** Catherine  
**Middle Name:**  
**Last Name:** Carducci  
**Title:** Executive Assistant  
**Telephone Number:** 720-572-4963 **Extension:** 101  
**Fax Number:**  
**Email:** ccarducci@wavelynxtech.com  
**Mail Stop:**

Technical Contact

**Firm Name:** WaveLynx Technologies  
**First Name:** Daniel  
**Middle Name:**  
**Last Name:** Field  
**Line 1:** 100 Technology Drive, STE 130B  
**Line 2:**  
**P.O. Box:**  
**City:** Broomfield  
**State:** CO  
**Country:** USA  
**Zip Code:** 80021  
**Telephone Number:** 530-391-1155 **Extension:**  
**Fax Number:**  
**Email:** danielfield@wavelynxtech.com  
**Mail Stop:**

Non Technical Contact

**Firm Name:** WaveLynx Technologies  
**First Name:** Catherine  
**Middle Name:**

**Last Name:** Carducci  
**Line 1:** 100 Technology Drive, STE 130B  
**Line 2:**  
**P.O. Box:**  
**City:** Broomfield  
**State:** CO  
**Country:** USA  
**Zip Code:** 80021  
**Telephone Number:** 720-572-4963      **Extension:** 101  
**Fax Number:**  
**Email:** ccarducci@wavelynxtech.com  
**Mail Stop:**

## Long-Term Confidentiality

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 Rules?: Yes  or No

## Short-Term Confidentiality

Does short-term confidentiality apply to this application?: Yes  or No   
Is so, specify the short-term confidentiality release date (MM/DD/YYYY format):

Or

Set the short-term confidentiality release date to specified number of days from grant date marked below: Yes  or No

- 45 days

- 90 days

- 135 days

- 180 days

## Software Defined Radio

Is this application for software defined radio authorization?

Yes  or No

## Equipment Class

**Equipment Class (see pages 5-7):** DCD, DXX

**Description of product as it is marketed: (NOTE: This text will appear below the equipment class on the grant):** A Single Gang and Keypad RFID Reader.

## Related OET Knowledge Data Base Inquiry

**Is there a KDB inquiry associated with this application?**

Yes  or No

## Modular Equipment

### Modular Type:

- Single Modular Approval
- Limited Single Modular Approval
- Does Not Apply

## Application Purpose

### Application is for:

- Original Equipment
- Change in identification of presently authorized equipment
- Class II Permissive Change or modification of presently authorized equipment
- Class III permissive change to software defined radio

Original FCC ID:  
Grant Date:

**NOTE:** This may only be filed for applications pertaining to Software Defined Radio.

## Composite/Related Equipment

**Is the equipment in this application a composite device subject to an additional equipment authorization?** Yes  or No

**Is the equipment in this application part of a system that operates with, or is marketed with, another device that requires an equipment authorization?** Yes  or No

*If either of the above questions is answered "yes", complete the following question:*

The related application:

- has been granted under the FCC ID listed below:
- is in the process of being filed under the FCC ID listed below:
- is pending with the FCC under the FCC ID listed below:

FCC ID: WAP2001

## Equipment Specifications

Line Entry	Lower Frequency	Upper Frequency	Power Output (Watts)	Tolerance (insert units)	Emission Designator	Microprocessor Number	Rule Parts	Grant Notes
1	127kHz	127KHz					15C	
2	13.56 MHz	13.56 MHz					15C	
3								
4								
5								
6								
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### Test Firm Information

Name of test firm and contact person on file with the FCC, if different from applicant or contact person:

**Firm Name:** Intertek, Aaron Chang

### 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  or 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 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.

**Signature of Authorized Person Filing:**

**Title of authorized signature:**



Head of Hardware Engineering

### Complete items below if agent signs the application:

**Firm Name:** WaveLynx Technologies  
**First Name:** Daniel  
**Middle Name:** William  
**Last Name:** Field  
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