

**Office of Engineering and Technology**[FCC](#) > [FCC E-filing](#) > [TCB](#) > TCB Form 731 Application

Approved by OMB 3060 - 0057

Application for Equipment Authorization (FCC Form 731 Application) TCB**Version****Section One: Contact/ General Information****Applicant's complete, legal business name:** Locoroll, Inc.**FCC Registration Number (FRN):** 0026457382**Mailing Address****Line one:** 20400 Stevens Crk Blvd Ste 370**Line two:****P.O. Box:****City:** Cupertino**State:** California**Country:** United States**Zip Code:** 95014**FCC ID****Grantee Code:** 2ALVN **Product Code:** -N100**TCB Information****TCB Application Email Address:** ***TCB Scope:** ***Person at the applicant's address to receive grant or for contact****First Name:** John**Middle Name:****Last Name:** Gilmore**Title:** COO**Telephone:** 6502427565**Extension:****Fax Number:** n/a**Email:** ap@locoroll.com**Mail Stop:****Technical Contact****Firm Name:** **First Name:** **Middle Name:**

Last Name:	<input type="text"/>
Line 1:	No.372-2, Sec. 4, Zhongxing
Line 2:	Road, Zhudong Township, Hsinchu County
P.O. Box:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/> <input type="button" value="▼"/>
Country:	Taiwan <input type="text"/> <input type="button" value="▼"/>
Zip Code:	<input type="text"/>
Telephone Number:	Extension:
886-3-582-8001	<input type="text"/>
Fax Number:	<input type="text"/>
886-3-582-8958	
E-mail:	<input type="text"/>
sabrina.tsai@dekra.com	

Non Technical Contact

Firm Name:	DEKRA Testing and Certification Co., Ltd.
First Name:	Milla
Middle Name:	<input type="text"/>
Last Name:	Wang
Line 1:	No.372-2, Sec. 4, Zhongxing
Line 2:	Road, Zhudong Township, Hsinchu County
P.O. Box:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/> <input type="button" value="▼"/>
Country:	Taiwan <input type="text"/> <input type="button" value="▼"/>
Zip Code:	<input type="text"/>
Telephone Number:	Extension:
886-3-582-8001	<input type="text"/>
Fax Number:	<input type="text"/>
886-3-582-8958	
E-mail:	<input type="text"/>
milla.wang@dekra.com	

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 No

Short-Term Confidentiality

Does short-term confidentiality apply to this application? *

Yes No

If yes, specify the short-term confidentiality release date (MM/DD/YYYY format):

10/24/2017 OR

set the short-term confidentiality release date to 45 days from grant date: Yes No

Software Defined/Cognitive Radio

Is this application for software defined/cognitive radio authorization? *

Yes No

Related OET Knowledge DataBase (KDB) Inquiry

Is there a KDB inquiry associated with this application? *

Yes No

If so, enter the inquiry tracking number:

Modular Equipment

Modular Type: *

Does not apply



Equipment Class

Equipment Class: *

DTS: Digital Transmission System



Description of product as it is marketed: (NOTE: This text will appear below the equipment class on the grant) *

Smart Lighting System

Application Purpose

Application is for: *

Original Equipment

Change in identification of presently authorized equipment:

Original FCC ID:

Grant Date:

Class II permissive change or modification of presently authorized equipment

Class III permissive change to software defined radio

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 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 No

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:
- is in the process of being filed under the FCC ID(s) listed below:
- is pending with the FCC under the FCC ID(s) listed below:
- has a mix of pending and granted statuses under the FCC ID(s) listed below:

i. FCC ID:

ii. FCC ID:

iii. FCC ID:

iv. FCC ID:

Test Firm Information

Name of test firm and contact person:

Firm Name:

DEKRA TESTING AND CERTIFICATION Hsin Chu Lab. - Zhudong Township Hsinchu County 31061 Taiwa

First Name:

Roy

Last Name:

Wang

Telephone Number: Extension:

886-3-582-8001 3501

Fax Number:

886-3-592-8958

E-mail:

roy.wang@dekra.com

Grant Comments

Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization:

Power Output is conducted. The antenna(s) used for this transmitter must be used to provide a separation distance of at least 20 cm from all persons and must not be co-located or operating in conjunction with any other antenna or transmitter. End-users must be provided with transmitter operating conditions for satisfying RF exposure compliance.

* - Indicates that this field must be completed before the registration can be submitted

Last Reviewed/Updated on 01/05/2005

Please use the Submit Inquiry link at www.fcc.gov/labhelp to send any comments or suggestions for this site

Federal Communications
Commission
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Washington, DC 20554
[More FCC Contact Information...](#)

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