

[Search](#) | [RSS](#) | [Updates](#) | [E-Filing](#) | [Initiatives](#) | [Consumers](#) | [Find People](#)**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:** **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](mailto:ap@locoroll.com)**Mail Stop:****Technical Contact****Firm Name:** **First Name:** **Middle Name:**

Last Name:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Telephone Number:

Extension:

Fax Number:

E-mail:

sabrina.tsai@dekra.com

**Non Technical Contact**

Firm Name:

First Name:

Middle Name:

Last Name:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Telephone Number:

Extension:

Fax Number:

E-mail:

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 KnowledgeDataBase (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 Taiwan

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

Proceed

Clear

*Last Reviewed/Updated on 01/05/2005*

Please use the Submit Inquiry link at [www.fcc.gov/labhelp](http://www.fcc.gov/labhelp) to send any comments or suggestions for this site

Federal Communications  
Commission  
445 12th Street, SW  
Washington, DC 20554  
[More FCC Contact Information...](#)

Phone: 888-CALL-FCC (225-5322)  
TTY: 888-TELL-FCC (835-5322)  
Fax: 202-418-0232  
E-mail: [fccinfo@fcc.gov](mailto:fccinfo@fcc.gov)

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