



APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One					
Applicant's Business Name	Shenzhen Esorun Technology Co.,LTD				
Applicant's FRN	0027580935				
MODEL NUMBER	Magnetic Wireless Power Bank Request for Grantee Code				
FCC ID: (Grantee +	2AP2N-MAG10000W				
Applicant Code)					
Address line 1	101, Dormitory Building, No. 1215, Guihua Community Guanguang Road				
Address line 2	Guanlan Street, Longhua District, Shenzhen, China				
City	Shenzhen	Zip/ Postal Code			
State		P.O. Box			
Country	China	Phone	0086-0755-23696752		
First Name	Zhang	Fax			
Middle Name		Email	zy@esorun.net		
Last Name	Yi	Mail Stop			
Title	Deputy General Manager				
Section: Two					
	original Grant is authorized to be mailed to polication will be directed to this contact. The original		ontact.)		
Technical Contact					
Company Name					
Address					
City		Zip/ Postal Code			
State		P.O. Box			
Country		Phone			
Contact Person		Fax			
Title		Email			

Non - Technical Contact Company Name Address City Zip/ Postal Code State P.O. Box Phone Country Contact Person Fax

Email

Section: Three

Title

Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459]	⊠ Yes □ No
Does this application include a request for Short Term Confidentiality (STC)? Date? (mm/dd/yyyy)	☐ Yes
Is this application for Software Defined Radio (SDR) authorization?	☐ Yes
Is there a PBA associated with this Application? Please specify KDB number: _772335	☐ Yes
Does the applicant request a defered Grant Date? (mm/dd/yyyy)	☐ Yes



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Is this a Modular or Limited Modular Certification?			Is there a	a waiver associated wit	h this filin	g?
No			☐ Yes ⊠ No Waiver Nu Waiver Da	mber: te:		
Description of product as it is marketed (note: this text will appear below the equipment class on the grant)						
Purpose of the Application:						
 ☑ Original equipment ☐ Change in identification of presently authorized equipment: ☐ Original FCC ID:						
Equipment Specifications						
The equipment will be operated	l under FCC Rule Part(s	s)				
Frequency range in MHz	Rated RF power output (Watts)	Frequenc	y tolerance z, ppm)			FCC Equipment Code (ex:: DTS, DSS, PCE)
0.112 0.205				15C		DCD
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?				⊠ No		
(b) 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" please complete the following statement						
(c) The related application checked above is (Check one box only)						
has been granted under the FCC ID listed to the right is in the process of being filed under the FCC ID listed to the right is pending with the FCC under the FCC ID listed to the right				FCC ID:		



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Section: Four

Name of Test Firm and contact person on file with the FCC, if different from applicant or contact person					
Company name	Shenzhen Alpha Product Testing C	Shenzhen Alpha Product Testing Co., Ltd.			
Address	Building i, No.2, Lixin Road, Fuyon	Building i, No.2, Lixin Road, Fuyong Street, Bao'an District,			
City	Shenzhen	Zip Postal Code	518103		
State	Guangzhou	P.O. Box			
Country	China	Phone	+86-0755-29766001		
Contact Person	Mark Zhu	Fax	+86-0755-33942567		
Email	mark@a-lab.cn	mark@a-lab.cn			
FCC Registered Test Site Number (required for part 15 and 18 applications)			293961		
FCC Designation Number			CN1236		

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). 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?

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	Thang (i	Date (Month, Day, Year)	2021-05-26
Typed/printed name of author	orized Zhang Yi	Title of	Deputy General Manager
signer	•	authorized	
		signer	
Complete items below if a	n agent signs the application		
Firm name			
Address			
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	
Contact Person		Fax	
Title	_	Fmail	