

APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's Business Name	Metalogenia S.A.		
Applicant's FRN	0032589962		
Model Number	DS-MFS-01	<input type="checkbox"/> Request for Grantee Code	
FCC ID: (Grantee + Applicant Code)	2A7NH-DSMFS01		
Address line 1	Carrer d'Avila 45		
Address line 2			
City	Barcelona	Zip/ Postal Code	08005
State	N/A	P.O. Box	
Country	Spain	Phone	+34 663 966 241
First Name	Vicent	Fax	
Middle Name		Email	vicent.ferrandiz@mtg.es
Last Name	Ferrandiz	Mail Stop	
Title	Research & Innovation Manager		

Section: Two

Instead of Applicant, the original Grant is authorized to be mailed to <small>(All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.)</small>			
Technical Contact			
Company Name	Metalogenia S.A.		
Address	Carrer d'Avila 45		
City	Barcelona	Zip/ Postal Code	08005
State	N/A	P.O. Box	
Country	Spain	Phone	+34 650 342 256
Contact Person	Edgar Ripoll Vercellone	Fax	
Title	Senior Hardware Engineer	Email	edgar.ripoll@mtg.es
Non - Technical Contact			
Company Name	Metalogenia S.A.		
Address	Carrer d'Avila 45		
City	Barcelona	Zip/ Postal Code	08005
State	N/A	P.O. Box	
Country	Spain	Phone	+34 663 966 241
Contact Person	Vicent Ferrandiz	Fax	
Title	Research & Innovation Manager	Nil.	vicent.ferrandiz@mtg.es

Section: Three

Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does this application include a request for Short Term Confidentiality (STC)? Date? (mm/dd/yyyy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this application for Software Defined Radio (SDR) authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a PAG associated with this Application? Please specify KDB number: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant request a deferred Grant Date? (mm/dd/yyyy) _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Is this a Modular or Limited Modular Certification?	Is there a waiver associated with this filing?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Modular Type: (if you answered "Yes") <ul style="list-style-type: none"> <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Single Modular Approval <input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Split Limited Modular Approval 	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Waiver Number: _____ Waiver Date: _____

Description of product as it is marketed <i>(note: this text will appear below the equipment class on the grant)</i>	Sensor for Ground Engaging Tool Detection System
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Purpose of the Application:
<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID: _____ Original Grant Date (MM/DD/YYYY): _____ <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio (Note: this may only be filed for applications pertaining to Software Defined Radio)

Equipment Specifications						
The equipment will be operated under FCC Rule Part(s)					15.231	
Frequency range in MHz	Rated RF power output (Watts)	Frequency tolerance (% , Hz, ppm)		Emission (NOT for Part 15 devices)	Designator	FCC Equipment Code (ex:: DTS, DSS, PCE)
387	470	0.000028	- 3000 Hz	3000 Hz		DSR

NOTE: If additional Equipment Specifications required, please use separate page

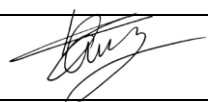
Is the equipment in this application?	
(a) a composite device subject to an additional equipment authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	
<input type="checkbox"/> has been granted under the FCC ID listed to the right <input type="checkbox"/> is in the process of being filed under the FCC ID listed to the right <input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right	FCC ID: _____

Section: Four

Name of Test Firm and contact person on file with the FCC, if different from applicant or contact person			
Company name	LGAI Technological Center S.A		
Address	Ronda de la Font del Carne, s/n		
City	Bellaterra	Zip Postal Code	08193
State	N/A	P.O. Box	
Country	Spain	Phone	+34 93 567 20 00
Contact Person	Javier Ema	Fax	+34 93 567 20 01
Email	Javier.ema@applus.com		
FCC Registered Test Site Number (required for part 15 and 18 applications)			507478

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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Applus Laboratories 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 Applus Laboratories or the FCC upon request, and that Applus Laboratories or FCC reserves the right to contact the applicant directly at any time.			
Original written signature of authorized signer		Date (Month, Day, Year)	01/02/2023
Typed/printed name of authorized signer	Vicent Ferrandiz Borrás	Title authorized signer	Research & Innovation 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	