

APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's Business Name	ShenzhenShi Weizhichuang Technology Co., Ltd		
Applicant's FRN	0032898454		
Model Number	CW320	<input type="checkbox"/> Request for Grantee Code	
FCC ID: (Grantee + Applicant Code)	2A8QNWZC-CW320		
Address line 1	Room 508, 5/F, Keerda Building, No. 2, Zhonghao 1 Road, Xiangjiaotang Community, Bantian Street, Longgang District, ShenzhenShi		
Address line 2			
City	Shenzhen	Zip/ Postal Code	
State	Guangdong Province	P.O. Box	
Country	China	Phone	15818312462
First Name	Tong	Fax	
Middle Name		Email	2311664886@qq.com
Last Name	Qun	Mail Stop	
Title	Manager		

Section: Two

Instead of Applicant, the original Grant is authorized to be mailed to (All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.)			
Technical Contact			
Company Name	SLG-CPC Testlaboratory Co., Ltd.		
Address	No. 11, Wu Song Road, Dongcheng District, Dongguan, Guangdong Province, China 523117		
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	+86-769-2260 7797
Contact Person	Jason,gao	Fax	+86-769-2260 7907
Title		Email	jason.gao@cpcteam.com
Non - Technical Contact			
Company Name			
Address			
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	
Contact Person		Fax	
Title		Email	

Section: Three

Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does this application include a request for Short Term Confidentiality (STC)? Date? (mm/dd/yyyy) _____	<input type="checkbox"/> Yes <input checked="" 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")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Description of product as it is marketed <i>(note: this text will appear below the equipment class on the grant)</i>	3 in 1 wireless Charger																																																																																																																														
Purpose of the Application:																																																																																																																															
<input type="checkbox"/> Original equipment <input checked="" type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID: <u>2A4WMWZC-CW320</u> Original Grant Date (MM/DD/YYYY): <u>03/06/2022</u> <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio <i>(Note: this may only be filed for applications pertaining to Software Defined Radio)</i>																																																																																																																															
Equipment Specifications																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left;">The equipment will be operated under FCC Rule Part(s)</th> <th colspan="2" style="text-align: left;">Part 15C</th> </tr> <tr> <th style="width: 15%;">Frequency range in MHz</th> <th style="width: 15%;">Rated RF power output (Watts)</th> <th style="width: 15%;">Frequency tolerance (% , Hz, ppm)</th> <th style="width: 15%;">Emission (NOT for Part 15 devices)</th> <th style="width: 15%;">Designator</th> <th style="width: 20%;">FCC Equipment Code (ex.: DTS, DSS, PCE)</th> </tr> <tr> <td>0.115</td> <td>0.205</td> <td></td> <td></td> <td></td> <td>DCD</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		The equipment will be operated under FCC Rule Part(s)				Part 15C		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)	0.115	0.205				DCD																																																																																																												
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NOTE: If additional Equipment Specifications required, please use separate page																																																																																																																															
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(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	SLG-CPC Testlaboratory Co., Ltd.		
Address	No. 11, Wu Song Road, Dongcheng District, Dongguan, Guangdong Province, China 523117		
City	Dongguan	Zip Postal Code	
State	Guangdong	P.O. Box	
Country	China	Phone	+86-769-2260 7797
Contact Person	Jason.gao	Fax	+86-769-2260 7907
Email	jason.gao@cpcteam.com		
FCC Registered Test Site Number (required for part 15 and 18 applications)			394054

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	Qun Tong	Date (Month, Day, Year)	2022.10.09
Typed/printed name of authorized signer	Qun Tong	Title of authorized signer	
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	