



APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's complete, legal business name	Plantronics Inc.		
Applicant's FCC Registration Number (FRN)	0018180703		
Need FRN? (y/n)		Request for	Grantee Code *
FCC ID: (Grantee + Applicant Code)	AL8-E50	17 characters max	ximum
Address line 1	345 Encinal Street		
Address line 2			
City	Santa Cruz	Zip/ Postal Code	95060
State	California	P.O. Box	
Country	USA	Phone	+1 8314587585
First Name	Peter	Fax	+1 8314295731
Middle Name		Email	peter.clark@plantronics.com
Last Name	Clark	Mail Stop	
Title	Compliance		

Section: Two

• • •	ant, the original Grant is authorized t ing the application will be directed to this conf	o be mailed to act. The original grant and invoice will be sent	t to this contact.)
Technical Contac	:t		
Company Name	Teleconformity		
Address	Rietven 31		
City	Enschede	Zip/ Postal Code	7534NH
State	Overyssel	P.O. Box	
Country	The Netherlands	Phone	+31 84 8395876
Contact Person	Mark Koop	Fax	+31 84 8362566
Title	Manager	Email	mark.koop@ teleconformity.com
Non - Technical (Contact		-
Company Name	the same as Technical Contact		
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 confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR § 0.459 of the Commission Rules?	⊠ Yes	□No
Does this application include a request for Short Term Confidentiality (STC)? 180 days!	⊠ Yes	☐ No
Is this application for Software Defined Radio (SDR) authorization?	Yes	⊠ No
Is there a PBA associated with this Application? Please specify KDB number:	Yes	⊠ No
Does the applicant request a defered Grant Date? If so, specify date when Grant should be issued (MM/DD/YYYY):	Yes	⊠ No

^{*} Request for Grantee Code requires completion of Section One. If Applicant does not have FCC Grantee Code, additional costs may apply.



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Is this a Modular or Limited Modular Certification?							
	Modular Type: (please complete if you answered "Yes" above)						
	Single Modular Approval						
	Limited Single Modular Approval						
	Split Modular App	roval					
	Split Limited Mod	ular Approval					
				1			
Desc	cription of product a	as it is marketed		Bluetooth Headset			
(note	: this text will appear	below the equipment of	class on the grant)				
$\overline{}$	lication for						
	Original equipme						
	•		authorized equipment:				
	· ·		rant Date (MM/DD/YYYY)				
Ш	Class II permissiv	e change or modifi	cation of presently autho	rized equipment			
		ve change to softw be filed for application	are defined radio as pertaining to Software Def	ined Radio			
Equ	ipment Specificat	ions					
The	equipment will be	operated under F	FCC Rule Part(s)	15.247			
Frequency range in MHz Rated RF power output IN WATTS Rated RF power output (%, Hz, ppm) Emission Designator (NOT applicable to any Part 15 devices) FCC Equipment Code (example: DTS, DSS, PCE, JBP, etc)							
2402	2 2480	0.00083		DSS			
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?				☐ Yes ⊠ 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	Compliance Certification Services (Shenzhen) Inc.				
Address	No10-1, Mingkeda Logistics Park, No.18 Huanguan, South Rd, Guan lan Town, Bao'an District				
City	Shenzhen	Zip Postal Code	518110		
State	Guangdong	P.O. Box			
Country	China	Phone	+86-755-29564586		
Contact Person	Aven Zhou	Fax	+86-755-28055221		
Email aven.zhou@ccsrf.com					
FCC Registered Test Site Number (required for part 15 and 18 applications) 441872					

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?	Does the applicant or authorized agent so certify?	⊠ Yes	No	
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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

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Original written signature of authorized signer		Myllwg	_	Date (Month, Day, Year)	2014-07-07
Typed/printed name of authorized signer		Mark Koop		Title of authorized signer	Manager
Complete items below if an agent signs the application					
Firm name	Teleconformity				
Address	Rietven 31	Rietven 31			
City	Enschede			Zip/ Postal Code	7534NH
State	Overyssel P.O. Box				
Country	The Netherlands			Phone	+31 84 8395876
Contact Person	Mark Koop			Fax	+31 84 8362566
Title	Manager			Email	mark.koop@teleconformity.com