

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)	<input type="checkbox"/> Request for Grantee Code *		
FCC ID: (Grantee + Applicant Code)	AL8-E50	17 characters maximum	
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		

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

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	Teleconformity		
Address	Rietven 31		
City	Enschede	Zip/ Postal Code	7534NH
State	Overijssel	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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does this application include a request for Short Term Confidentiality (STC)? 180 days!	<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 PBA 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? If so, specify date when Grant should be issued (MM/DD/YYYY): _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	
<i>Does the applicant or authorized agent so certify?</i>	<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 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		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		
City	Enschede	Zip/ Postal Code	7534NH
State	Overijssel	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