

(c) The related application: ☐ 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 ANO-7054																								
Item 13. Name of test firm and contact person on file with the FCC, if different from applicant or contact person: Firm Name: MET Laboratories First Name: Hoosam Last Name: Bandukwala Telephone: 410-354-3300 Ext: 313 Fax No.: 410-354-3313 E-mail: hbandukwala@metlabs.com																									
Item 14. Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization. N/A																									
Read each certification carefully before answering and signing this application																									
Equipment Specifications: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Rule Part</th> <th style="width: 20%;">Frequency Range (MHz)</th> <th style="width: 15%;">Power (W)</th> <th style="width: 20%;">Frequency Tolerance and Units</th> <th style="width: 15%;">Emission Designator</th> <th style="width: 15%;">Note Codes</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">15.C</td> <td style="text-align: center;">2400- 2483.5</td> <td style="text-align: center;">0.00017</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> </tbody> </table>		Rule Part	Frequency Range (MHz)	Power (W)	Frequency Tolerance and Units	Emission Designator	Note Codes	15.C	2400- 2483.5	0.00017															
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WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTITUTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).																									
Item 15. *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? ☒ Yes ☐ No																									
Item 16. 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 the FCC 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 the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.																									
* Signature of Authorized Person Filing: Marie Ann Confroy	Title of authorized signature: TCB Administrator																								

Complete items below if an agent signs the application

Firm Name:

Address Line 1:

Address Line 2:

Country (if foreign address):

Person at above address to receive Grant:

First Name

Title:

P.O.Box:

City:

Zip/Postal Code:

Last Name:

Mail Stop:

NOTE: An asterisk ** preceding a field indicates it must be completed before this application can be submitted.