

Timco Engineering, Inc.

TCB Application Form 731

Rev 001201

Shaded areas are **REQUIRED**

For Timco Use Only	
Job Number	
Scope	
Date Filed	
Conf. #	
Grant Note	

Item 1. Applicant's complete, legal business name:			
TOP VICTORY ELECTRONICS CO., LTD.			
Applicant's FCC Registration Number (FRN): 0005-0945-45			
Item 2. Applicant's mailing address: <i>fill in fields, as appropriate</i>			
Line 1:6F, NO. 168, LIN CHEN ROAD, CHUNG HO,			
Line 2:			
P.O. Box:			
City:TAIPEI HSIEN			
State:		Country (if foreign address):	
		TAIWAN	
Item 3. FCC ID,		Grantee Code:	
consisting of:		ARS	
Equip. Product Code (14 characters maximum):			
CM990L			
Item 4. Person to receive grant: <i>fill in fields, as appropriate</i>			
First Name: Mike		Mail Stop:	
Last Name: Su		Telephone: 886-2-26052180	
Title: Manager		Fax No.: 886-2-26052943	
E-mail: mike@mail.adt.com.tw			
Item 5. Test Firm Contact (if different then applicant): <i>fill in fields, as appropriate</i>			
Firm Name:		Telephone:	Ext.:
ADVANCE DATA TECHNOLOGY CORPORATION		886-2-26052180	117
First Name: MIKE		Middle Initial:	Fax No.:
			886-2-26052943
Address Line 1: NO. 47, 14 LING, CHIA PAU TSUEN		P.O. Box:	
Address Line 2: LIN KOU HSIANG		City: TAIPEI HSIEN	State:
Country (if foreign address): TAIWAN, R.O.C.		Zip/Postal Code: 244	
E-mail: mike@mail.adt.com.tw			
Item 6a. Name of Test Firm and Contact Person on file with the FCC: ADVANCE DATA TECHNOLOGY CORPORATION, MR. MIKE SU			
Item 6b. * If application is for Part 15 or 18 then FCC Registered Test site number is required:			90426
Item 7. Non-Technical Contact if Different:			
Firm Name:		Telephone:	Ext.:
ADVANCE DATA TECHNOLOGY CORP.		886-2-26052180	117
First Name: MIKE		Middle Initial:	Last Name: SU
Address Line 1: NO. 47, 14 LING, CHIA PAU TSUEN,		P.O. Box:	
Address Line 2: LIN KOU HSIANG		City: TAIPEI HSIEN	State:
Country (if foreign address): TAIWAN, R.O.C.		Zip/Postal Code: 244	
E-mail: mike@mail.adt.com.tw			
Item 8. * Does this application include a request for confidentiality for any portion(s) of the date contained in this application pursuant to 47 CFR 0.459 of the Commission			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Rules?						
Item 9. Equipment Class: <i>3-digits required</i> JBP		Description of Product as it is marketed: COLOR MONITOR				
Item 10. *Application is for: <input type="checkbox"/> Original Equipment <input type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID Grant Date (MM/DD/YYYY) <input checked="" type="checkbox"/> Class II permissive change or modification of presently authorized equipment						
Item 11. Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization? * (b) part of a system that operates with, or is marked with, another device that requires an equipment authorization? <i>If either of the above questions is answered "Yes" complete section 11 (c).</i>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(c) The related application: <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	
* Equipment will be operated under FCC Rule Part(s): FCC PART 15, SUBPART B						
Item 12. EQUIPMENT SPECIFICATIONS: <i>Where applicable</i>						
Frequency range in MHz		Rated RF power output IN WATTS	Frequency tolerance <small>%, Hz, ppm</small>		Emission Designator <small>(See 47 CFR 2.201 and 2.202)</small>	Microprocessor model number
0.315	0.94					
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. TITLE 47, SECTION 503).						
Item 13. 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 this applicant or authorized agent so certify?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Item 14. 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 TCB, under the authority of 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 Applicant:MIKE**

Title of Authorized Signature:SU

Complete items below if an agent signs the application

Firm Name: ADVANCE DATA TECHNOLOGY CORP.	Telephone: 886-2-26052180	Ext.: 117	Fax No.: 886-2-26052943
First Name: MIKE	Middle Initial:	Last Name: SU	
Address Line 1: NO. 47, 14 LING ,CHIA PAU TSUEN,		P.O. Box:	
Address Line 2: LIN KOU HSIANG,			
City: TAIPEI HSIEN,	State:	Country (if foreign address): TAIWAN	Zip/Postal Code: 244

NOTE: An asterisk '*' preceding a field indicates it must be completed.