



ITS CORPORATION

Visibly Better Technology

January 14, 1997

Federal Communications Commission
Authorization and Evaluation Division
7435 Oakland Mills Road
Columbia, MD 21046

RE: FCC ID CJJ79XITS-1555

Dear Mr. Coperich:

ITS Corporation is submitting this letter and the attached Form 731 as requisites for Type Acceptance under the interim rules, which were adopted July 9, 1996 by Declaratory Ruling 96-304, for equipment that was previously Type Accepted for digital operation under the old rules and mask.

The ITS-5523, 5 Watt Digital Transmitter (FCC ID: CJJ79XITS-1555) was granted Type Acceptance on May 1, 1996 under the old Rules. The new FCC ID number chosen for Type Acceptance under the interim rules is CJJ79XITS-7019, as indicated on the attached Form 731, and the new model number chosen is ITS-5522. No electrical, mechanical, or specification changes have been made to the product and the output power rating has remained the same.

Please contact me if you have any questions or if you need additional information. I can be reached by fax at (412) 941-4603 or phone at (412) 941-1500 ext. 125.

Regards,

Kenneth Foutz
Vice President, Product Development

ENCLOSURES

SECTION III				Bureau Use Only
(a) INSTEAD OF APPLICANT, FCC IS AUTHORIZED TO MAIL ORIGINAL GRANT TO (See instructions): Firm name, number, street, city, state, and ZIP Code				LI
				DN
				DM
(b) NAME AND TITLE OF PERSON AT ABOVE ADDRESS TO RECEIVE GRANT:				RG
2. INFORMATION CONTACT, IF DIFFERENT FROM ITEM 5, PAGE 1 (See instructions): Firm name, contact person, number, street, city, state, and ZIP Code "Same as Section 1"				Code
				Reviewer
3.(a) TELEPHONE NUMBER (include area code and extension - USA ONLY): (412) 941-1500		3.(b) FAX NUMBER (include area code and extension - USA ONLY): (412) 941-4603		
4. 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's Rules? (See instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
5. Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
6. Kind of equipment authorization requested (check ONE box only): <input type="checkbox"/> Certification <input checked="" type="checkbox"/> Type Acceptance <input type="checkbox"/> Type Approval <input type="checkbox"/> Notification				
7.(a) Kind of equipment: MDS/MMDS/ITFS Transmitter		(b) Equipment will be operated under FCC Rule Part(s): 2, 21, 74		
8. Application is for (Check ONE box only): <input type="checkbox"/> 1 Original equipment <input checked="" type="checkbox"/> 2 Change in identification of presently authorized equipment * <input type="checkbox"/> 3 Class II permissive change or modification of presently authorized equipment			9.(a) FCC ID before change in identification: CJJ79XITS-1555	
* If box 2 is checked, complete items 9(a) and (b).			(b) Grant date of FCC ID in 9(a) above: May 1, 1996	
10. EQUIPMENT SPECIFICATIONS:				
(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance %, Hz, ppm	(d) Emission designator	(e) Microprocessor model number
2,150 - 2,162 MHz 2,500 - 2,686 MHz	5 Watts Average Output Power	± 1000 Hz	6M00D7W	None
11. Type of equipment tested: <input checked="" type="checkbox"/> Production <input type="checkbox"/> Pre-Production <input type="checkbox"/> Prototype				
12.(a) Is the equipment, or section(s) thereof, subject to more than one equipment authorization? If YES, complete items 12(b), (c), (d), or (e) as appropriate. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
(b) Additional equipment authorization(s) required for equipment: <input type="checkbox"/> Certification <input type="checkbox"/> Type Acceptance <input type="checkbox"/> Type Approval <input type="checkbox"/> Notification				
(c) Granted FCC ID or FCC ID listed on RX or RX section application:		(d) Granted FCC ID or FCC ID listed on TX or TX section application:		(e) Granted FCC ID or FCC ID listed on other device application:

a) Testing facility, if different from applicant or contact person:

(b) Mailing address
number, street
city,
state
and ZIP code

(c) Telephone No. (Area code and number):
(USA ONLY) (412) 941-1500

(d) FAX No. (Area code and number):
(USA ONLY) (412) 941-4603

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).

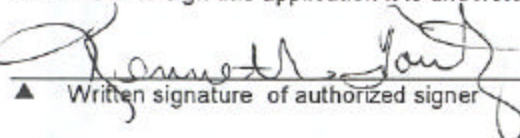
14. APPLICANT ANTI-DRUG ABUSE CERTIFICATION:

By checking **yes**, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853(a), or, in the case of a non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).

☐ Yes ☒ No

15. APPLICANT CERTIFICATION:

I certify that I am authorized to sign for the applicant and that all the statements in this application and in the exhibits attached hereto are true and correct to the best of my knowledge and belief. If the applicant is not the actual manufacturer of the equipment listed herein, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment bearing the FCC IDENTIFIER listed in this application will continue to comply with the Commission's requirements. If an agent has been authorized to sign this application it is understood that the applicant remains responsible for all statements herein.


▲ Written signature of authorized signer

1/14/97
▲ Date (Month, Day, Year)

Kenneth Foutz
▲ Typed/printed name of authorized signer

Vice President, Product Development
▲ Title of authorized signer

16.(a) AGENT CERTIFICATION:

I certify that I am authorized to sign this application on behalf of the applicant. A copy of the authorization will be submitted upon request by the FCC. It is understood that the FCC reserves the right to contact the applicant at any time.

▲ Written signature of authorized agent

▲ Date (Month, Day, Year)

▲ Typed/printed name and title of authorized agent

▲ Business name of authorized agent

(b) Agent address
number, street
city,
state
and ZIP code

(c) Telephone No. (Area code and number):
(USA ONLY)

(d) FAX No. (Area code and number):
(USA ONLY)

NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to evaluate the equipment, to maintain a computer database of authorized equipment, and to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. All information provided in this form will be available for public inspection, unless otherwise determined pursuant to 47 CFR, Section 0.459; 5 U.S.C. Section 552. If information requested in this form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to the Commission's Rules. Your response is required to obtain the requested equipment authorization. THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

Public reporting burden for this collection of information is estimated to vary from 18 hours to 30 hours per response, with an average of 24 hours per response, including time for reviewing instructions, searching existing data sources, gathering information and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Federal Communications Commission, AMD-PIRS, Records Management Division, Washington, DC 20554, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3060-0057), Washington, DC 20503.