



APPLICATION FOR EQUIPMENT AUTHORIZATION

AmericanTCB, Inc.
6731 Whittier Avenue
McLean, VA 22101
Ph: (703) 847-4700 FAX: (703) 847-6888

Sales@ATCB.com

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name Dell Incorporated			
2. Applicant's mailing address (Line 1) One Dell Way		APPLICANT'S FRN Number	
		0008359580	
Applicant's mailing address (Line 2) (if required)		Engineer:	
City Round Rock		Examiner:	
State or Country (if foreign address) Texas	ZIP/Postal Code 78682	3. FCC ID: (a) Grantee Code E 2 K	(b) Equipment Product Code (14 characters maximum) 112BNH
4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions) Richard Worley, Global Regulations, MS: PS4-30			
5. (a) Telephone No. (Area/Country/City Code, No. and Ext.) 512-728-1081		(b) FAX No. (Area/Country/City Code and No.) 512-283-9268	
(c) Internet e-mail address: Richard_worley@dell.com			

SECTION II - CONTACT INFORMATION

1.(a) Instead of Applicant, original Grant shall be mailed to: Firm Name, Number, street, City, State/Country, ZIP/Postal Code			
(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant:			
2.(a) Technical contact: Firm Name, rvatocim.com Contact person, Mark Hill Number, street, 680 W. Maude Ave City, Sunnyvale State/Country CA/USA ZIP/Postal code 94085		(b) Telephone No. (Area/Country/City code, No. and Ext.) 408-245-7800	
(d) Internet e-mail address: doc@elliottlabs.com		(c) FAX No. (Area/Country/City code, and No.) 408-245-3499	
(e) Non-Technical contact: Firm Name, Elliott Labs Contact person, Gary Izard Number, street, 680 W. Maude Ave City, Sunnyvale State/Country CA/USA ZIP/Postal code 94085		(f) Telephone No. (Area/Country/City code, No. and Ext.) 408-245-7800	
(h) Internet e-mail address: doc@elliottlabs.com		(g) FAX No. (Area/Country/City code, and No.) 408-245-3499	



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SECTION III –EQUIPMENT AUTHORIZATION SUMMARY

1. **Long-Term Confidentiality** Does this application include a request for confidentiality for a portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules? Yes No
2. **Short-Term Confidentiality** Does short-term confidentiality apply to this application? Yes No
If Yes, specify the short-term confidentiality release date (MM/DD/YYYY format):

3. **Defer** Does the applicant desire ATCB to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions) No (Not Applicable) Yes
If Yes, specify the Grant Release Date (MM/DD/YYYY format):

4. **Type of equipment authorization requested:** Certification

- 5.(a) Equipment Code and description:

D	T	S
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 (b) Equipment will be operated under FCC Rule Part(s):
15.247

6. Application is for (Check one box only)

1. Original equipment
2. Change in identification of presently authorized equipment
3. Class II permissive change or modified of presently authorized equipment
- Original FCC ID _____ Grant date _____

7. Equipment Specifications:

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance % , Hz, ppm	(d) Emission designator (See 47 CFR §2.201 and § 2.202)	(e) Microprocessor model number
2412-2462 2422-2452	0.048 0.013			

8. Is the equipment in this application:

- (a) a composite device subject to more than one type of 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

9. (a) **Additional type of equipment authorization required:** Certification

- (b) The related application checked in item 8.(a) (Check one box only)

- has been filed at the same time as this application under the FCC ID listed below
- has been granted under the FCC ID below
- is in the process of being filed under the FCC ID listed below
- is pending with the FCC or a TCB under the FCC ID listed below

E2K112BNH (equipment class JBP)

FCC ID

- 10.(a) **Name of test firm on file with the FCC**, if different from applicant or contact person:

(b) Mailing address,:
Number, street,
City,
State/Country
ZIP/Postal code

(c) Telephone No. (Area/Country/City code, No. and Ext.)

(d) FAX No. (Area/Country/City code, and No.)

(e) Internet e-mail address:



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SECTION IV - 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).

1. 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

2.(a) 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 ATCB 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 ATCB or the FCC upon request, and that ATCB or FCC reserves the right to contact the applicant directly at any time.

May 18, 2010

Original written signature of authorized signer

Date (Month, Day, Year)

Mark Briggs

Staff Engineer, Elliott Labs

Typed/printed name of authorized signer

Title of authorized signer

Complete items below if an agent signs the application,

(b) Mailing address:		(c) Telephone No. (Area/Country/City code, No. and Ext.)
Number, street,	684 W. Maude Ave	408-245-7800
City,	Sunnyvale	
State/Country	CA/USA	(d) FAX No. (Area/Country/City code, and No.)
ZIP/Postal code	94085	408-245-3499

(e) Internet e-mail address: