



# APPLICATION FOR EQUIPMENT AUTHORIZATION

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

Support@AmericanTCB.com

## SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name Dell Computer Corporation			
2. Applicant's mailing address (Line 1) One Way Dell		<b>FRN Number</b>	
		0008359580	
Applicant's mailing address (Line 2) (if required)		Engineer: Jason Limoges	
City Round Rock		Examiner:	
State or Country (if foreign address) Texas	ZIP/Postal Code 78613	3. FCC ID: (a) Grantee Code E   2   K	(b) Equipment Product Code (14 characters maximum) 5HCKT
4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions) Jason Limoges			
5. (a) Telephone No. (Area/Country/City Code, No. and Ext.) 512-728-4623		(b) FAX No. (Area/Country/City Code and No.)	
(c) Internet e-mail address:			

## 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) <b>Technical contact:</b> Firm Name, Aegis Labs, Inc. Contact person, Rick Candelas Number, street, 22431 Antonio Parkway, #B160-417  City, Rancho Santa Margarita State/Country, CA ZIP/Postal code, 92688	(b) Telephone No. (Area/Country/City code, No. and Ext.) 949-459-7886
(d) <b>Internet e-mail address:</b> rick@aegislabsinc.com	(c) FAX No. (Area/Country/City code, and No.) 949-459-7869
(e) <b>Non-Technical contact:</b> Firm Name, Contact person, Number, street, City, State/Country, ZIP/Postal code	(f) Telephone No. (Area/Country/City code, No. and Ext.)
(h) <b>Internet e-mail address:</b>	(g) FAX No. (Area/Country/City code, and No.)



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## SECTION III –EQUIPMENT AUTHORIZATION SUMMARY

1. **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. **Defer** Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions) **NOT APPLICABLE**

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

4.(a) Equipment Code and description:	(b) Equipment will be operated under FCC Rule Part(s):			
<table border="1"> <tr> <td>D</td> <td>T</td> <td>S</td> </tr> </table> Notebook Computer with an Intel PRO/Wireless 2195ABG Network Connection	D	T	S	15.247
D	T	S		

5. Application is for (Check one box only)

<input type="checkbox"/> 1. Original equipment	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input checked="" type="checkbox"/> 3. Class II permissive change or modified of presently authorized equipment
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\_\_\_\_\_  
 Original FCC ID                      Grant date

6. 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
5725-5850 (802.11a)	0.1230 @ 5745 MHz 0.1259 @ 5785 MHz			
2412-2462 (802.11b)	0.1262 @ 5825 MHz 0.0569 @ 2412 MHz 0.0832 @ 2437 MHz			
2412-2462 (802.11g)	0.0871 @ 2462 MHz 0.2371 @ 2412 MHz 0.2600 @ 2437 MHz 0.2512 @ 2462 MHz			

7. **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

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

(b) The related application checked in item 7.(a) (Check one box only)

<input type="checkbox"/> has been filed at the same time as this application under the FCC ID listed below	<input type="checkbox"/> has been granted under the FCC ID below	<input type="checkbox"/> is in the process of being filed under the FCC ID listed below	<input type="checkbox"/> is pending with the FCC under the FCC ID listed below
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**FCC ID**

9.(a) **Name of test firm on file with the FCC**, if different from applicant or contact person:  
Aegis Labs, Inc.

(b) Mailing address,: Number, street, City, State/Country ZIP/Postal code	22431-B160 Antonio Parkway #417  Rancho Santa Margarita California 92688	(c) Telephone No. (Area/Country/City code, No. and Ext.) <b>(949) 459-7886</b>
		(d) FAX No. (Area/Country/City code, and No.) <b>(949) 459-7869</b>

(e) Internet e-mail address: rick@aegislabsinc.com



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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 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.

Original written signature of authorized signer

10/18/04

Date (Month, Day, Year)

Rick Candelas

Typed/printed name of authorized signer

Lab Manager

Title of authorized signer

Complete items below if an agent signs the application,

(b) Mailing address, :     22431-B160 Antonio Parkway #417  
Number, street,  
City,     Rancho Santa Margarita  
State/Country     California  
ZIP/Postal code     92688

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