

Application E09-000076-FCC is listed below.

Applicant/Manufacturer

Applicant/Manufacturer Information

* Complete, Legal Business Name

Itron, Inc.

* Address, Line 1

2111 N. Molter Road

P.O. Box

Address, Line 2

* Country

USA

* City

Liberty Lake

State

WA

* Zip/Postal Code

99019

* FCC Grantee Code

EO9

* FCC/CORES FRN (FCC Registration Number)

0005861034

* Industry Canada Company Number

864A

Note: For FCC and IC items above which do not apply, enter N/A.

Person at the above address to receive grant, or for contact

* First Name

Jay

* Last Name

Holcomb

Title

R&D Regulatory Manag

Mail Stop

* Telephone

509-891-3281

Extension

* Fax

509-891-3896

* E-Mail Address

jay.holcomb@itron.com

Change Applicant/Manufacturer

You may choose a different pre-defined applicant/manufacturer by selecting from the drop-down box.

Itron, Inc.

If you wish to edit or to add a pre-defined applicant/manufacturer, please login to the customer account and navigate to **Predefine and Manage Applicants/Manufacturers**.

change applicant/manufacturer

Grant Receiver

Grant Receiver Information

* Firm Name

Itron, Inc.

* Address, Line 1

2111 N. Molter Road

P.O. Box

Address, Line 2

* Country

USA

* City

Liberty Lake

State

WA

* Zip/Postal Code

99019

Person at the above address to receive grant

* First Name

jay

* Last Name

holcomb

Title R&D Regulatory Manag Mail Stop
* Telephone 509-891-3281 Extension
Fax 509-891-3896 * E-Mail Address jay.holcomb@itron.com

Change Grant Receiver

You may choose a different pre-defined grant receiver by selecting from the drop-down box.

holcomb, jay Itron, Inc.

If you wish to edit or to add a pre-defined grant receiver, please login to the customer account and navigate to **Predefine and Manage Grant Receivers**.

change grant receiver

Application Information

Application Information

* Application is for

- A. Original Equipment
 B. Class II permissive change or modification of presently authorized equipment

If A. or B. is checked, please enter the equipment product code portion of the FCC ID.

Grantee Code Equipment Product Code
FCC ID = EO9 + 60W

- C. Change in identification of presently authorized equipment

If C. is checked, please complete the fields below.

Original FCC ID Grant Date (MM/DD/YYYY)

* 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 (d)(l)(ii)?

- Yes No

* Does this application include a request to defer granting of this application pursuant to 47 CFR §0.459 (d)(l)(ii)?

- Yes No

If Yes, please specify the date when grant may be issued:

* Was SAR testing performed?

- Yes No

The answers to the following questions may require that you enter the FCC ID for a related application at the bottom of this section.

* Is the equipment in this application a composite device subject to more than one type of equipment authorization?

- Yes No

If Yes, is this for multiple transmitters within the same device?

- Yes No

* Is the equipment in this application part of a system that operates with, or is marketed with another device that requires an equipment authorization?

- Yes No

If an FCC ID for a related application is required, you will be prompted to enter it here:

The related application:

- Has been filed at the same time as this application under the FCC ID above
 Was granted under the FCC ID above
 Is in the process of being filed under the FCC ID above

Is pending with the FCC under the FCC ID above

update application information

Equipment Information

Equipment Information

* Description of Product

AMR transceiver device for utility meters.

(Max 50 characters)

update equipment information

Equipment Specifications

Equipment Specifications

Equipment Specification 1

Frequency Range (Low, High) Rated RF Power Output and Unit
910 920 0.010 Watts C Please select Unit

Frequency Tolerance (Value, Type)
45 ppm

Emission Designator Microprocessor Model Number
L1D MSP430

* Equipment Code

DSS - Part 15 Spread Spectrum Transmitter

* Equipment will be operated under FCC Rule Part

15C

If you wish to enter additional specifications for subcomponents, enter the total number of equipment specifications required and then click the link to expand this form. The present data will be saved and spaces will be created for additional specifications.

Total Number of Specifications: 1 [[expand this form](#)]

update equipment specifications

Technical Contact

Technical Contact Information

* Firm Name

Itron, Inc.

* First Name

jay

* Last Name

holcomb

Title

R&D Regulatory Manag

E-Mail Address

jay.holcomb@itron.com

* Address, Line 1

2111 N. Molter Road

P.O. Box

Address, Line 2

* Country

USA

* City

Liberty lake

State

WA

* Zip/Postal Code

99019

* Telephone

509-891-3281

Extension

Fax

509-891-3896

Change Technical Contact

You may choose a different pre-defined technical contact by selecting from the drop-down box.

holcomb, jay - Itron, Inc.

If you wish to edit or to add a pre-defined technical contact, please login to the customer account and navigate to **Predefine and Manage Technical Contacts**.

change technical contact

Non-Technical Contact

Non-Technical Contact Information

* Firm Name

Itron, Inc.

* First Name

jay

Title

R&D Regulatory Manag

* Last Name

holcomb

E-Mail Address

jay.holcomb@itron.com

* Address, Line 1

2111 N. Molter Road

Address, Line 2

P.O. Box

* Country

USA

* City

Liberty Lake

State

WA

* Zip/Postal Code

99019

* Telephone

509-891-3281

Extension

Fax

509-891-3896

Change Non-Technical Contact

You may choose a different pre-defined non-technical contact by selecting from the drop-down box.

holcomb, jay - Itron, Inc.

If you wish to edit or to add a pre-defined non-technical contact, please login to the customer account and navigate to **Predefine and Manage Non-Technical Contacts**.

change non-technical contact

Test Firm

Test Firm Information (predefined)

* Firm Name

Itron, Inc

* Address, Line 1

2401 N. State St.

Address, Line 2

P.O. Box

* Country

USA

* City

Waseca

State

MN

* Zip/Postal Code

56093

NOTE: You will be required to provide contact person information for this test firm when submitting forms.

Change Test Firm and Contact

You may choose a different on-file or pre-defined test firm by selecting from the drop-down boxes.

On file in the CKC CS database:

Please select a test firm

Pre-defined for Customer Account:

Itron, Inc

If you wish to edit or to add an on file test firm, please navigate to the **CKC CS Main page** and *Manage Onfile Test Firms*.

If you wish to edit or to add a pre-defined test firm, please login to the customer account and navigate to **Predefine and Manage Test Firms**.

Test Firm Contact Information

NOTE: This information is required for both options

* Contact Person's First Name	* Contact Person's Last Name
<input type="text" value="jay"/>	<input type="text" value="holcomb"/>
* Telephone	Extension
<input type="text" value="509-891-3281"/>	<input type="text"/>
Fax	E-Mail Address
<input type="text" value="509-891-3896"/>	<input type="text" value="jay.holcomb@itron.com"/>
Accreditation Agency	If other, enter facility
<input type="text" value="OTHER"/>	<input type="text" value="itron"/>
* ISO Guide 17025, or equivalent	<input checked="" type="radio"/> Yes <input type="radio"/> No
Certificate Number	Certificate Expiration
<input type="text" value="90716 - FCC"/>	<input type="text" value="03/19/2011"/>

Section 5301 Certification

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

Applicant/Agent Certification

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.

By checking this box, the applicant agrees to the terms and conditions set forth in the CKC CS General Agreement for certification under each entity under which certification is sought. Applicant acknowledges that they understand and agree to comply with the terms and conditions of the CKC CS General Agreement. By signing this form, the user acknowledges that they are signing on behalf of the applicant requesting certification, and the user has legal authority to sign on behalf of the applicant. User also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant if so requested.

For Agents: By signing this form as an agent on behalf of an applicant, the user acknowledges that they have been legally delegated the authority to act on behalf of the applicant and that the applicant has been provided with a copy of all terms and conditions pursuant to certification under the requested entities. Agent also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant.

* I Certify and Agree with the Terms and Conditions

Signature and Contact Information of Authorized Person Filing

First Name	Last Name
<input type="text" value="jay"/>	<input type="text" value="holcomb"/>
Title	
<input type="text" value="R&D regulatory manager"/>	
Telephone	Extension
<input type="text" value="509-891-3281"/>	<input type="text"/>
E-Mail Address	Fax

jay.holcomb@itron.com

509-891-3896

Complete the items below if an agent signs the application.

Firm Name

Address, Line 1

P.O. Box

Address, Line 2

Country

City

State

Zip/Postal Code

First Name

Last Name

Telephone

Extension

Fax

E-Mail Address
