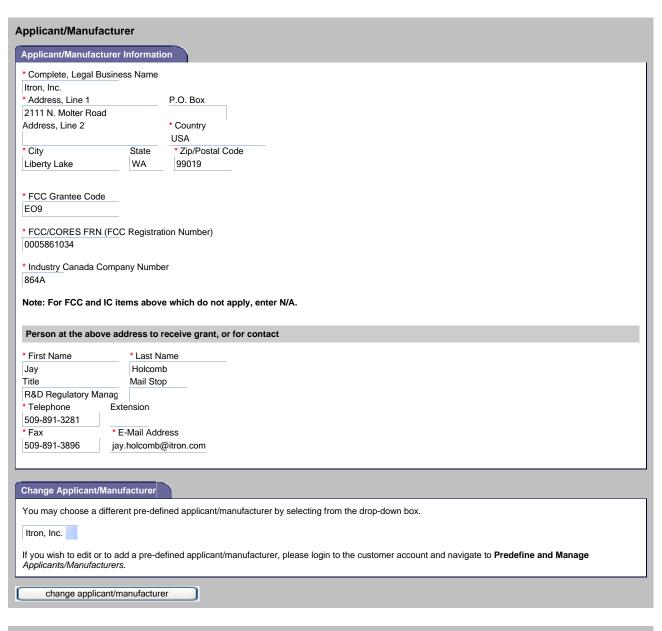
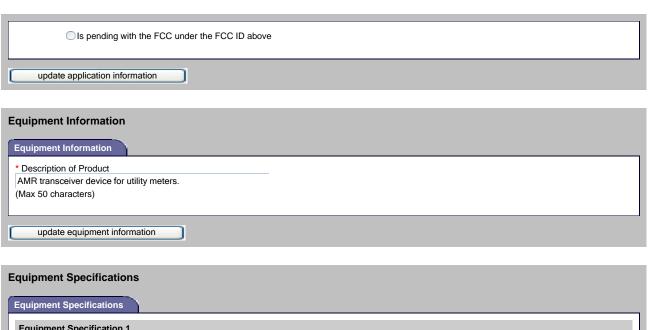
# Application E09-000076-FCC is listed below.





Title	Mail Stop			
R&D Regulatory Manag				
* Telephone	Extension			
509-891-3281				
Fax	* E-Mail Address			
509-891-3896	jay.holcomb@itron.com			
Change Grant Rece	iver			
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 <b>Predefine and Manage</b> Grant Receivers.				
change grant rec	eiver			

# **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 + 60W FCC ID = 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)? 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? No Yes If Yes, is this for multiple transmitters within the same device? \* Is the equipment in this application part of a system that operates with, or is marketed with another device that requires an equipment authorization? No Yes If an FCC ID for a related application is required, you will be prompted to enter it here: The related application: OHas 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

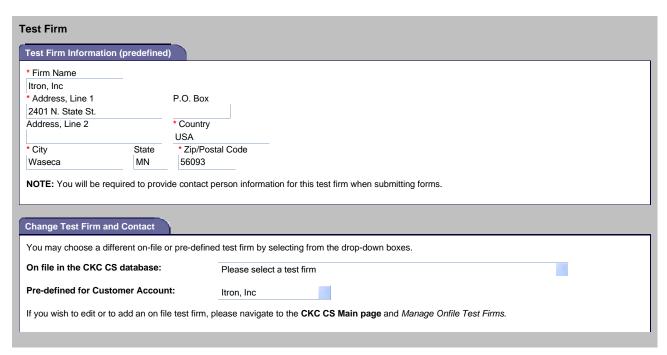


**Equipment Specification 1** Rated RF Power Output and Unit Frequency Range (Low, High) 0.010 Watts ( Please select Unit 920 Frequency Tolerance (Value, Type) 45 ppm Emission Designator Microprocessor Model Number L1D MSP430 \* Equipment Code DSS - Part 15 Spread Spectrum Transmitter \* Equipment will 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 \* Last Name jay holcomb Title E-Mail Address R&D Regulatory Manag jay.holcomb@itron.com \* Address, Line 1 P.O. Box 2111 N. Molter Road Address, Line 2 \* Country USA \* Zip/Postal Code \* City State Liberty lake WA 99019 \* Telephone Extension Fax 509-891-3281 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 I	nformati	ion				
* Firm Name						
Itron, Inc.						
* First Name	* Last N	Name				
jay	holcom	nb				
Title	E-Mail	Address				
R&D Regulatory Manag	jay.hol	comb@itron.com				
* Address, Line 1		P.O. Box				
2111 N. Molter Road						
Address, Line 2		* Country				
		USA				
* City	State	* Zip/Postal Code				
Liberty Lake	WA	99019				
* Telephone Ext	ension	Fax				
509-891-3281		509-891-3896				
Change Non-Technical C	Contact					
Change Non-Technical C	Jontact					
You may choose a differe	nt pre-de	fined 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 <b>Predefine and Manage</b> Non-						
Technical Contacts.						
change non-technica	change non-technical contact					
, ,						



If you wish to edit or to add a pre-defined test firm, please login to the customer account and navigate to <b>Predefine and Manage</b> Test Firms.				
Test Firm Contact Information  NOTE: This information is required for both options				
* Contact Person's First Name  * Contact Person's Last Name				
jay	holcomb			
* Telephone	Extension			
509-891-3281				
Fax	E-Mail Address			
509-891-3896	jay.holcomb@itron.com			
Accreditation Agency OTHER	If other, enter facility itron			
* ISO Guide 17025, or equivalent   Yes  No				
Certificate Number	Certificate Expiration			
90716 - FCC	03/19/2011			
change test firm and contact				

#### 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

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				
jay	holcomb				
Title					
R&D regulatory manager					
Telephone	Extension				
509-891-3281					
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 Nar	ne				
Telephone Extension						
Fax	E-Mail Address					