

Application E09-000122-FCC is listed below.

Applicant/Manufacturer

Applicant/Manufacturer Information

* Complete, Legal Business Name

Itron, Inc.

* Address, Line 1

2111 N. Molter Rd

Address, Line 2

P.O. Box

* Country

USA

* City

Liberty Lake

State

WA

* Zip/Postal Code

99019

* FCC Grantee Code

E09

* FCC/CORES FRN (FCC Registration Number)

0005861034

* Industry Canada Company Number

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

Drew

* Last Name

Rosenberg

Title

R&D Manager

Mail Stop

* Telephone

509-891-3481

Extension

* Fax

509-891-3896

* E-Mail Address

drew.rosenberg@itron.c

Change Applicant/Manufacturer

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

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

* Address, Line 1

2818 N Sullivan Rd

Address, Line 2

P.O. Box

* Country

USA

* City

Spokane

State

WA

* Zip/Postal Code

99216

Person at the above address to receive grant

* First Name

Stacy

* Last Name

Destito

Title
Executive Assistant

Mail Stop

* Telephone
(509) 891-3636

Extension

Fax
(509) 891-3334

* E-Mail Address
stacy.destito@itron.com

Change Grant Receiver

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

Destito, Stacy Itron

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 = E09 + HHSR3

- ☐ 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)(iii)?

- ☐ 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: KDZLXE4830

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 radio

(Max 50 characters)

update equipment information

Equipment Specifications

Equipment Specifications

Equipment Specification 1

Frequency Range (Low, High)	Rated RF Power Output and Unit
952 960	0.234 Watts C Please select Unit
Frequency Tolerance (Value, Type)	
.000044 %	
Emission Designator	Microprocessor Model Number
8K85A1D	

* Equipment Code

TNB - Licensed Non-Broadcast Station Transmitter

* Equipment will be operated under FCC Rule Part

101

Equipment Specification 2

☐ Delete No. 2

Frequency Range (Low, High)	Rated RF Power Output and Unit
952 960	73.9 dBuV/m Please select Unit
Frequency Tolerance (Value, Type)	
.000044 %	
Emission Designator	Microprocessor Model Number
N/A	

* Equipment Code

DXT - Part 15 Low Power Transceiver, Rx Verified

* Equipment will be operated under FCC Rule Part

15.231(e)

Equipment Specification 3

☐ Delete No. 3

Frequency Range (Low, High)	Rated RF Power Output and Unit
908 924	93 dBuV/m W Please select Unit
Frequency Tolerance (Value, Type)	
N/A %	
Emission Designator	Microprocessor Model Number
N/A	

* Equipment Code

DXT - Part 15 Low Power Transceiver, Rx Verified

* Equipment will be operated under FCC Rule Part
15C

Equipment Specification 4

☐ Delete No. 4

Frequency Range (Low, High) Rated RF Power Output and Unit
908 924 0.138 Watts C Please select Unit
Frequency Tolerance (Value, Type)
N/A %
Emission Designator Microprocessor Model Number
N/A

* 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: 4 [\[expand this form \]](#)

update equipment specifications

Technical Contact

Technical Contact Information

* Firm Name
Itron, Inc
* First Name * Last Name
Drew Rosenberg
Title E-Mail Address
R&D Manager drew.rosenberg@itron.c
* 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 Extension Fax
509-891-3481 509-891-3896

Change Technical Contact

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

Rosenberg, Drew - 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

Drew

Title

Regulatory Engineer

* Last Name

Rosenberg

E-Mail Address

drew.rosenberg@itron.c

* 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

509-891-3481

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.

Rosenberg, Drew - 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 North State Street

P.O. Box

1735

Address, Line 2

* 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

Drew

* Contact Person's Last Name

Rosenberg

* Telephone

5098913481

Extension

Fax

E-Mail Address

drew.rosenberg@itron.c

Accreditation Agency

OTHER

If other, enter facility

CKC

* ISO Guide 17025, or equivalent ☐ Yes ☒ No

Certificate Number _____
Certificate Expiration _____

[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 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 _____
Drew _____ Rosenberg _____
Title _____
R&D Manager _____
Telephone _____ Extension _____
5098913481 _____
E-Mail Address _____ Fax _____
drew.rosenberg@itron.c _____

Complete the items below if an agent signs the application.

Firm Name _____
Itron, Inc. _____
Address, Line 1 _____ P.O. Box _____
2111 N. Molter Rd _____ Country _____
Address, Line 2 _____ USA _____
City _____ State _____ Zip/Postal Code _____
Liberty Lake _____ WA _____ 99019 _____

First Name _____ Last Name _____

Drew	Rosenberg
Telephone	Extension
5098913481	
Fax	E-Mail Address
	drew.rosenberg@itron.c