SECTION IV -	Enter	FCC ID from Page 1, S	ection / FUV	/-EA-066-1					
1.(a) Instead of Applicant, FCC is authorized to mail original Grant to:					ctions)	-			
Firm name, number, street, City, State/Country ZIP/Postal Code		Electronic Compliance Laboratories							
		•							
		Sunnyvale, CA 94089					•		
		<b></b>							
(b) Name, Title a	nd Mai	Stop, if any, of person at abo	ve address to r	eceive Grant:	(If 1.(a) is co	mpleted, this Item	must be com	pleted)	
Chris Byle	ckie, T	echnical Director							
2.(a) Technical co	ntact:	Electronic Compliance Laboratories			(b)Telephone No. (Area/Country/City code, No. and Ext.)				
Firrn name, contact pers	ontact person,	Chris Byleckie			(408)747	(408)747-1490			
number, stre		1249 Birchwood Drive			(c) fAX No. (Area/Country/City code and No.)				
City, State/Country ZIP/Postal Code		Sunnyvale, CA 94089							
					(408)747=1495				
(d) Internet e-mail address: Chris@cclabs.com									
(e) Non-Technic	cai cont	act: Electronic Compliance I	aboratories		(f) Telep	hone No. (ArealCou	untry/City code, N	o, and Ext.)	
Firm name,	Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code	Chris Byleckie				1400			
number, stre		1249 Birchwood Drive			(408)747-1490 (g) FAX No. (Area/Country/City code and No.)				
•		Sunnyvale, CA 94089							
Zii /i Ostai C	, ou				(408)747=1495				
(h) Internet e-mail address: Chris@eclabs.com									
3. 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 of the Commission's Rules? If NYes" see instructions.  Yes  No									
4. Does the applicant request that the Commission defer grant of this application pursuant to Yes No 47 CFR §0.457(d)(1)(ii)? (See instructions)									
5. Type of equipment authorization requested: (check one box only)  Certification  Type Acceptance							Notification		
6.(a) Equipment Code and description: (See instructions, page 4) (b) Equipment will be operated under FCC Rule Part(s):									
D S S 15.247									
Application is for: (Check one box only)									
1. Original equipment 2. Change in identification of presently authorized equipme					uipment	3. Class II permissive change or modification of presently			
(See instructions)		IMKSER-1x		5/29/98		author	uthorized equipment		
		ORIGINAL F	Grant d	Grant date (S			See instructions)		
8. EQUIPMENT SPECIFICATIONS: (See instructions)									
(a) Frequency range in MHz		(b) Rated RF power output	(c) Frequenc	(c) Frequency tolerance		(d) Emission designator		(e) Microprocessor model number	
		in watts	%, Hz, ppm		See 47 CFR §2.201 and §2.202)		namber		
2402-2480		77/4		N/A		/^	N/A		
		.457	N/A		N/A				
9. Isthe equipment in this application:									
(a) a composite device subject to more than one type of equipment authorization?							Yes	No No	
(b3 part of a system that operates with, or is marketed with, another device that								✓ Na	
requires an equipment authorization?							Yes	∑ No	
If either of the above questions is answered nYesX complete items 10. (a) and (b). (See instructions)									