

Form 731

* Shaded areas are required *

Applicant's FCC Registration Number (FRN): 0005-8761-49		
FCC Registered Test Site Number (OATS). Required for Part 15 and 18 applications. Part 15		
		Completion date
Item 1. Applicants complete, legal business name:		
Symbol Technologies, Inc.		Note
Item 2. Applicant's mailing address:		
Line 1: One Symbol Plaza Holtsville		
Line 2:		
P.O. Box:		
City: NY		
State:	Country (if foreign address): United States	Zip/Postal Code: 11742-1300
Item 3. FCC ID Grantee Code: H9P Equipment Product Code (14 characters maximum): MC7094		
Item 4. Person at the applicant's address to receive grant or for contact:		
First Name: Marco	Mail Stop :	
Last Name: Belli	Telephone: 44 118 945 7313	Ext:
Title:	Fax No.:	
E-mail: marco.belli@symbol.com		
Item 5. Instead of Application, FCC is authorized to mail original Grant to:		
Firm Name: Advance Data Technology Corporation		
Address Line 1: No. 19, Hwa Ya 2nd Rd., Kwei Shan Hsiang	P.O.Box:	
Address Line 2:	City: Taoyuan Hsien	State:
Country: Taiwan, R.O.C.	Zip/Postal Code: 333	
Person at above address to receive Grant:		
First name: Stephanie	Last Name: Hung	
Title: Supervisor	Mail Stop:	
Item 6. Technical Contact:		
Firm Name: Advance Data Technology Corporation	Tel: 886 3 318 3232Ext:1609	Fax: 886 3 327 0892
First Name: Cody	Middle Initial:	Last Name: Chang
Address Line 1: No. 19, Hwa Ya 2nd Rd., Kwei Shan Hsiang	P.O. Box:	
Address Line 2:	City: Taoyuan Hsien	State:
Country (if foreign address): Taiwan, R.O.C.	Zip/Postal Code: 333	
E-mail: Cody@adt.com.tw		
Item 7. Non-Technical Contact:		
Firm Name: Advance Data Technology Corporation	Tel: 886 3 318 3232Ext:1668	Fax: 886 3 327 0892
First Name: Stephanie	Middle Initial:	Last Name: Hung
Address Line 1: No. 19, Hwa Ya 2nd Rd., Kwei Shan Hsiang	P.O. Box:	
Address Line 2:	City: Taoyuan Hsien	State:
Country (if foreign address): Taiwan, R.O.C.	Zip/Postal Code: 333	
E-mail: stephanie@adt.com.tw		

Item 8. * Does this application include a request for short-term confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004? * 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 Rules? If "Yes" see instructions		Short-Term request: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Permanent request: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Item 9. *Does this applicant request that the Commission defer grant of this application pursuant 47CFR 0.457(d)(1)(ii)?(See instruction) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, specify date when grant may be issued (MM/DD/YYYY) format:		
Item 10. *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Item 10a. Is this application for Modular Approval authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Item 11. *Equipment Class: 3-digits required DTS	*Description of Product as it is marketed: (Note: This text will appear below the equipment class on the grant) EDA (Enterprise Digital Assistant)	
Item 12. *Application is for: <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID: _____ Grant Date (MM/DD/YYYY): _____ <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio (Note: this may only be filed for applications pertaining to Software Defined Radio)		
Item 13. Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization? * (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? If either of the above questions is answered "Yes " complete section 13 (c).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(c) The related application: <input type="checkbox"/> has been granted under the FCC ID listed to the right? <input checked="" type="checkbox"/> is in the process of being filed under the FCC ID listed to the right? <input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right?		FCC ID H9PMC7094
Item 14. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:		
Firm Name:		
First Name:		Last Name:
Tel:	Ext:	Fax: Email:
Read each certification carefully before answering and signing this application		
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND 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. TITLE 47, SECTION 503).		

Item 15. *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

Item 16. 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 TCB, under the authority of 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.

***Signature of Authorized Person Filing:** Stephanie Hung **Title of Authorized Signature:** Supervisor

Complete items below if an agent signs the application: Same as item 7 above.

Firm Name: Tel: Ext: Fax:

First Name: Middle Initial: Last Name:

Address Line 1: P.O. Box:

Address Line 2: City: State:

Country (if foreign address): Zip/Postal Code:

E-mail:

NOTE: An asterisk "*" preceding a field indicates it must be completed before this application can be submitted.

Equipment Specifications

*** Equipment will be operated under FCC Rule Part(s): Part 15.247, 15.407, 22, 24**

*** EQUIPMENT SPECIFICATIONS:**

Frequency range in MHz		Rated RF Power output IN WATTS	Frequency tolerance % , Hz or ppm		Emission Designator (see 47 CFR 2.201 and 2.202)	Microprocessor Model number
Low Freq	High Freq		Value			
2412	2462	0.045				
2402	2480	0.001				
5180	5320	0.027				
5745	5825	0.040				
824.2	848.8	1.047	2.5	PM	308KGXW	
1850.2	1909.8	0.822	2.5	PM	312KGXW	