

APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's complete, legal business name	ZyXEL Communications Corporation		
Applicant's FCC Registration Number (FRN)	0021059092		
Need FRN? (y/n)		Request for	r Grantee Code *
FCC ID: (Grantee + Applicant Code)	I88IPC2605N 17 characters maximum		
Address line 1	No. 6, Innovation Rd. II, Science Based Industrial Park		
Address line 2			
City	Hsin-Chu	Zip/ Postal Code	231
State		P.O. Box	
Country	Taiwan	Phone	+886-3-578-3942
First Name	Thomas	Fax	+886-3-578-2439
Middle Name		Email	sales@zyxel.com
Last Name	Wei	Mail Stop	
Title	Senior Manager		

Section: Two

Instead of Applic	ant, the original Grant is authorized to	be mailed to		
(All questions regard	ing the application will be directed to this conta	ct. The original grant and invoice will be sen	t to this contact.)	
Technical Contac	et			
Company Name	Teleconformity			
Address	Rietven 31			
City	Enschede	Zip/ Postal Code	7534NH	
State	Overyssel	P.O. Box		
Country	The Netherlands	Phone	+31 84 8395876	
Contact Person	Mark Koop	Fax	+31 84 8362566	
Title	Manager	Email	mark.koop@ teleconformity.com	
Non - Technical (Contact	•		
Company Name	the same as Technical Contact			
Address				
City		Zip/ Postal Code		
State		P.O. Box		
Country		Phone		
Contact Person		Fax		
Title		Email		

Section: Three

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?	Yes	No
Does this application include a request for Short Term Confidentiality (STC)?	Yes	⊠ No
Is this application for Software Defined Radio (SDR) authorization?	Yes	⊠ No
Is there a PBA associated with this Application? Please specify KDB number:	Yes	⊠ No
Does the applicant request a defered Grant Date? If so, specify date when Grant should be issued (MM/DD/YYYY):	Yes	No

 $^{^{\}star}$ Request for Grantee Code requires completion of Section One. If Applicant does not have FCC Grantee Code, additional costs may apply.



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Is this a Modular or Limited Modular Certification?				Yes No					
Modular Type: (please complete if you answered "Yes" above)									
	Single Modular Approval								
	Limited Single Modular Approval								
	Split Modular Ap								
	Split Limited Mod	dular Approval							
Descrip	otion of product a	as it is marketed			IP Camera				
(note: th	nis text will appear l	below the equipment	class on the grai	nt)	ir Camera				
Applica	ation for								
	Original equipme	ent							
	Change in identifi	ication of presently	authorized eq	uipment:					
	Original FCC ID:	Original G	rant Date (MM	/DD/YYYY):	_				
	Class II permissiv	e change or modif	cation of pres	ently authorized	equipment				
	•	ve change to softw							
	lote: this may only nent Specificat	be filed for application	ns pertaining to S	Software Defined R	Radio				
	<u>'</u>		CC Bula Bar	t(a)	15.247				
	ncy range in MHz	e operated under F		y tolerance	Emission Designator	FCC Equipment Code			
rrequen	icy range in wiriz	power output IN WATTS		lz, ppm)	(NOT applicable to any Part 15 devices)	(example: DTS, DSS, PCE, JBP, etc)			
2412	2462	0.0117			, , , , , , , , , , , , , , , , , , , ,	DTS			
2422	2452	0.0071				DTS			
NOTE: If additional Equipment Specifications required, please use separate page									
Is the equipment in this application?									
(a) a co	(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 Yes No									
an equipment authorization?									
If either of the above questions is answered "Yes" please complete the following statement (c) The related application checked above is (Check one box only)									
(c) The						FCC ID:			
	_	ranted under the F		•	right				
	10 111 1110 1110	ocaa oi belliy illeu	under the LO	is in the process of being filed under the FCC ID listed to the right is pending with the FCC under the FCC ID listed to the right					



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Section: Four

Name of Test Firm and contact person on file with the FCC, if different from applicant or contact person				
Company name	Cerpass Technology Corporation			
Address	No.3, 2F-11, YuanQu St.			
City	Taipei City	Zip Postal Code	115	
State		P.O. Box		
Country	Taiwan	Phone	+886 226558100 5205	
Contact Person	Sophia Lin	Fax	+886 226558200	
Email	Email sophial@cerpass.com.tw			
FCC Registered Test Site Number (required for part 15 and 18 applications) 488071				

Read each certification carefully before answering and signing this application

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR 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. CODE, TITLE 47, SECTION 503).

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:

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 MiCOM Labs Certification 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 MiCOM Labs Certification or the FCC upon request, and that MiCOM Labs Certification or FCC reserves the right to contact the applicant directly at any time.

Original written signature of authorized signer		Mykop	Date (Month, Day, Year)	2012-07-06
Typed/printed name of authorized signer		Mark Koop	Title of authorized signer	Manager
Complete items k	below if an a	gent signs the application		
Firm name	Teleconforn	nity		
Address	Rietven 31			
City	Enschede	Enschede		7534NH
State	Overyssel	Overyssel		
Country	The Netherlands		Phone	+31 84 8395876
Contact Person	Mark Koop		Fax	+31 84 8362566
Title	Manager		Email	mark.koop@ teleconformity.com