

## 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)		<input type="checkbox"/> Request for 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	<a href="mailto:sales@zyxel.com">sales@zyxel.com</a>
Last Name	Wei	Mail Stop	
Title	Senior Manager		

\* Request for Grantee Code requires completion of Section One. If Applicant does not have FCC Grantee Code, additional costs may apply.

### Section: Two

<b>Instead of Applicant, the original Grant is authorized to be mailed to</b> (All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.)			
<b>Technical Contact</b>			
Company Name	Teleconformity		
Address	Rietven 31		
City	Enschede	Zip/ Postal Code	7534NH
State	Overijssel	P.O. Box	
Country	The Netherlands	Phone	+31 84 8395876
Contact Person	Mark Koop	Fax	+31 84 8362566
Title	Manager	Email	<a href="mailto:mark.koop@teleconformity.com">mark.koop@teleconformity.com</a>
<b>Non - Technical Contact</b>			
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does this application include a request for Short Term Confidentiality (STC)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this application for Software Defined Radio (SDR) authorization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is there a PBA associated with this Application? Please specify KDB number: _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the applicant request a deferred Grant Date? If so, specify date when Grant should be issued (MM/DD/YYYY): _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No


<b>Is this a Modular or Limited Modular Certification?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Modular Type:</b> <i>(please complete if you answered "Yes" above)</i>			
<input type="checkbox"/>	Single Modular Approval		
<input type="checkbox"/>	Limited Single Modular Approval		
<input type="checkbox"/>	Split Modular Approval		
<input type="checkbox"/>	Split Limited Modular Approval		

[illegible]

**Section: Four**

Name of <b>Test Firm</b> and contact person on file with the FCC, if different from applicant or contact person			
Company name	Cerpess 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	sophial@cerpass.com.tw		
FCC Registered Test Site Number (required for part 15 and 18 applications)			488071

<b>Read each certification carefully before answering and signing this application</b>	
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).	
<b>SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:</b>	
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>APPLICANT/AGENT CERTIFICATION:</b>			
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		Date (Month, Day, Year)	2012-07-06
Typed/printed name of authorized signer	Mark Koop	Title of authorized signer	Manager
<b>Complete items below if an agent signs the application</b>			
Firm name	Teleconformity		
Address	Rietven 31		
City	Enschede	Zip/ Postal Code	7534NH
State	Overijssel	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