

FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB
3060-0057

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For
FCC
use
only

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name

PROVIEW ELECTRONICS (TAIWAN) CO., LTD.

☐ Check here if this is a change in name and/or address not previously reported (See 47 CFR § 2.934)

2. Applicant's mailing address (Line1)
6F, NO. 1, PAU-SHENG RD.

Applicant's mailing address (Line2) (if required)

YUNG HO CITY,

City

TAI PEI COUNTY,

State or Country (if foreign address)

TAIWAN, R.O.C

ZIP/Postal Code

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION PROCESSING BRANCH

MAY 24 1999

3. FCC ID:

(a) Grantee Code

I J E

(b) Equipment Product Code

(14 characters maximum, show zeros as Ø)

771

Bureau Use Only
Equipment Code:

Engineer:

Examiner:

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions)

DICK HONG / DIRECTOR

5.(a) Telephone No. (Area/Country/City code, No. and Ext.)

886-2-22316789

(b) FAX No. (Area/Country/City code and No.)

886-2-22315678, 22311950

(c) Internet e-mail address:

SECTION II - See 47 CFR § 1.1103 for Fee Type Codes and Fees. Fee Type Codes are listed in Paragraph C of the attached instructions.

Enter in Column(A) the correct Fee Type Code for the service for which you are applying. Enter in Column (C) the result obtained from multiplying the Fee amount for the Fee Type Code in Column (A) by the number entered in Column (B). If requesting more than ONE service, enter additional Fee Type Code(s) in Section III below.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) E G C	0 0 0 1	\$ 940.00	

SECTION III - Use when requesting more than one service. If only one service is requested, complete only Section II and Section III, Item (5).

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(2) <input type="text"/>	0 0 0 1	\$ <input type="text"/>	
(3) <input type="text"/>	0 0 0 1	\$ <input type="text"/>	
(4) <input type="text"/>	0 0 0 1	\$ <input type="text"/>	
<p>Add all amounts shown in column C, lines (1) through (4), and enter the total here.</p> <p>(5) This amount should equal your enclosed remittance. →</p>		<p>TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING</p> <p>\$ 940.00</p>	FOR FCC USE ONLY

SECTION IV-Enter FCC ID from Page 1 Section I ➤ IJE771

1.(a) Instead Applicant, FCC is authorized to mail original Grant to: (See instructions)

Firm name, ADVANCE DATA TECHNOLOGY CORP.
 number, street, NO. 47, 14 LING, CHIA PAU TSUEN
 City, State/County, LIN KOU HSIANG, TAIPEI HSIEN,
 ZIP/Postal C TAIWAN, R.O.C.

(b) Name, Title and Mail Stop. If any, of person at above address to receive Grant: (If 1.(a) is completed, this item must be completed)
 N/A

2.(a) Technical contact:
 Firm name, ADVANCE DATA TECHNOLOGY CORP.
 contact person, MR. HARRIS LAI
 number, street, NO. 47, 14 LING, CHIA PAU TSUEN,
 City, State/County, LIN KOU HSIANG, TAIPEI HSIEN,
 ZIP/Postal C TAIWAN, R.O.C.

(b) Telephone No. (Area/Country/City code, No. and Ext.)
 886-2-2603-2180

(c) FAX No. (Area/Country/City code and No.)
 886-2-26022943

(d) Internet e-mail address: harris@mail.adt.com.tw

Non-Technical contact:
 Firm name,
 contact person, N/A
 number, street,
 City, State/County,
 ZIP/Postal C

(f) Telephone No. (Area/Country/City code, No. and Ext.)

(g) FAX No. (Area/Country/City code and No.)

(h) Internet e-mail address:

3. Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47CFR § 0.459 of the Commission's Rules? If "Yes" see instructions. ☐ Yes ☒ No

4. Does the applicant request that the Commission defer grant of this application pursuant to 47CFR § 0.457 (d)(1)(ii)? (See instructions) ☐ Yes ☒ No

5. Type of equipment authorization requested: (check one box only) ☒ Certification ☐ Type Acceptance ☐ Notification

6.(a) Equipment Code and description: (See instructions, page 4)

J B P Class B Computing Device Peripheral

(b) Equipment will be operated under FCC Rule Part(s):
 FCC Part 15 Subpart B

7. Application is for: (Check one box only)

☒ 1. Original equipment
 (See instructions)

☐ 2. Change in identification of presently authorized equipment

☐ 3. Class II permissive change or modification of presently authorized equipment

ORIGINAL FCC ID

Grant date

(See instructions)

8. EQUIPMENT SPECIFICATIONS: (See instructions)

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance %, Hz, ppm	(d) Emission designator (See 47 CFR § 2.201 and § 2.202)	(e) Microprocessor model number
N/A	N/A	N/A	N/A	N/A

9. Is the equipment in this application:
 (a) a composite device subject to more than one type of equipment authorization? ☐ Yes ☒ No

(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? ☐ Yes ☒ No

If either of the above questions is answered "Yes" complete items 10.(a) and (b). (See instructions)

SECTION IV(continued) - Enter FCC ID from Page 1, Section I ➤ IJE77110.(a) Additional type of equipment authorization required: ☐ Certification ☐ Type Acceptance ☐ Notification

(b) The related application checked in item 10.(a) (Check one box only)

☐ has been filed at the same time as this application under the FCC ID listed below

☐ has been granted under the FCC ID listed below

☐ is in the process of being filed under the FCC ID listed below

☐ is pending with the FCC under the FCC ID listed below

FCC ID

11.(a) Name of test firm on file with the FCC, if different from applicant or contact person:

(b) Mailing address,
number, street,
City, State/Country
ZIP/Postal Code

(c) Telephone No. (Area/Country/City code, No. and Ext.)

(d) FAX No. (Area/Country/City code and No.)

(e) Internet e-mail address: harris@mail.adt.com.tw

12. Number of exhibits submitted with this application: 7

SECTION V - 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).

1. 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 47CFR 1.2002(b) for the definition of a "party" for these purposes.

Does the applicant or authorized agent so certify? ☒ Yes ☐ No**2.(a) 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.

Original written signature of authorized signer

MIKE SU

APRIL 29, 1999

Date (Month, Day, Year)

PROJECT MANAGER

Type/printed name of authorized signer

Title of authorized signer

Complete items below if an agent signs the application.

(b) Agent's business name, ADVANCE DATA TECHNOLOGY CORP.
number, street, NO.47, 14 LING, CHIA PAU TSUEN
City, State/Country LIN KOU HSIANG, TAIPEI HSIEN, TAIWAN, R. O. C
ZIP/Postal Code

(c) Telephone No. (Area/Country/City code, No. and Ext.)
886-2-2603-2180

(d) FAX No. (Area/Country/City code and No.)
886-2-2602-2943

(e) Internet e-mail address: harris@mail.adt.com.tw

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX # 358315	FEDERAL COMMUNICATION COMMISSION REMITTANCE ADVICE PAGE NO. <u>1</u> OF <u>1</u>	APPROVED OMB 3030-0589 SPECIAL USE FCC USE ONLY
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SECTION A - PAYER INFORMATION		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) PROVIEW ELECTRONICS (TAIWAN) CO., LTD.		(3) TOTAL AMOUNT PAID (dollars and cents) \$ 940.00
(4) STREET ADDRESS LINE NO. 1 6F, NO. 1, PAU-SHENG RD.		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY YUNG HO CITY, TAIPEI COUNTY	(7) STATE	(8) ZIP CODE
(9) DAYTIME TELEPHONE NUMBER (Include area code) 886-222316789	(10) COUNTRY CODE (if not in U.S.A.) TAIWAN, R.O.C.	

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEET (FORM 159-C)

SECTION B - APPLICANT INFORMATION		
(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)		
(12) STREET ADDRESS LINE NO. 1		
(13) STREET ADDRESS LINE NO. 2		
(14) CITY	(15) STATE	(16) ZIP CODE
(17) DAYTIME TELEPHONE NUMBER (Include area code)	(18) COUNTRY CODE (if not in U.S.A.)	

MAY 24 1999

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET (FORM 159-C)

SECTION C - PAYMENT INFORMATION				
(19A) FCC CALL SIGN/OTHER ID IJE771	(20A) PAYMENT TYPE CODE (PTC) E G C	(21A) QUANTITY	(22A) FEE DUE FOR (PTC) IN BLOCK 20A \$ 940.00	FCC USE ONLY
(23A) FCC CODE 1		(24A) FCC CODE 2		
(19B) FCC CALL SIGN/OTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(22B) FEE DUE FOR (PTC) IN BLOCK 20B \$	FCC USE ONLY
(23B) FCC CODE 1		(24B) FCC CODE 2		
(19C) FCC CALL SIGN/OTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(22C) FEE DUE FOR (PTC) IN BLOCK 20C \$	FCC USE ONLY
(23C) FCC CODE 1		(24C) FCC CODE 2		
(19D) FCC CALL SIGN/OTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(22D) FEE DUE FOR (PTC) IN BLOCK 20D \$	FCC USE ONLY
(23D) FCC CODE 1		(24D) FCC CODE 2		

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25) PAYER TIN	(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2 APPLICANT TIN
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SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT I, <u>MIKE SU</u> , Certify under penalty of perjury that the foregoing and supporting information (PRINT NAME) are true and correct to the best of my knowledge, information and belief. Signature <u>Mike Su</u>	
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SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)	MASTERCARD/VISA ACCOUNT NUMBER: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA	EXPIRATION DATE: MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>
I hereby authorize the FCC to change my VISA or mastercard For the service(s)/authorization(s) herein described.		AUTHORIZED SIGNATURE <input type="text"/> DATE <input type="text"/>

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)

FEDERAL COMMUNICATIONS COMMISSION
MELLON BANK APPLICATION RETURN FORM

Date: 5-13-99

Data Preparation Center
Mellon Bank
Room 153-2718
Pittsburgh, PA 1559-001

Re: Proview Electronics (TAWAN Co.)
L + d.

The enclosed application(s) can be processed as filed. Please refer to the following instructions:

- ☐ Use original date stamped, and stamp all receipt copies with the same date.
- ☐ Restamp application(s) and all other documents.
- ☐ Application was sent to the wrong location, and is being forwarded for processing.
- ☒ Process application(s) in Lockbox 358315
- ☒ Process filing using Payment Type Code EGC.
- ☐ Process as overpayment.

Please contact the Billings & Collections Branch at (202) 418-1995, if you have any questions.

Sincerely,



Billings & Collections Branch

Enclosure

OK # 266819558-\$940.00
FOM 931

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

(1) LOCKBOX #

PAGE NO. OF

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

(3) TOTAL AMOUNT PAID (dollars and cents)

(4) STREET ADDRESS LINE NO. 1

(5) STREET ADDRESS LINE NO. 2

(6) CITY

(7) STATE

(8) ZIP CODE

(9) DAYTIME TELEPHONE NUMBER (include area code)

(10) COUNTRY CODE (if not in U.S.A.)

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(25)

PAYER TIN

0

(26) COMPLETE THIS BLOCK ONLY IF APPLICANT NAME IN B-11 IS DIFFERENT FROM PAYER NAME IN A-2

APPLICANT TIN

0

SECTION E - CERTIFICATION

(27) CERTIFICATION STATEMENT

I, _____, Certify under penalty of perjury that the foregoing and supporting information

(PRINT NAME)

are true and correct to the best of my knowledge, information and belief. SIGNATURE _____

SECTION F - CREDIT CARD PAYMENT INFORMATION

(28)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION DATE:

MASTERCARD

MONTH YEAR

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD
for the service(s)/authorization(s) herein described.

AUTHORIZED SIGNATURE

DATE

SEE PUBLIC BURDEN ESTIMATE ON REVERSE

FCC FORM 159 JULY 1997 (REVISED)



PROVIEW ELECTRONICS (TAIWAN) CO., LTD.

6/F. NO. 1, Pau-Sheng Rd, Yung-Ho City, Taipei County, Taiwan, R.O.C.
TEL : (886-2) 231-6789 FAX : (886-2) 231-5678, 231-1950

Federal Communications Commission
Authorization and Evaluation Division
7435 Oakland Mills Road,
Columbia, MD 21046

Mar. 25, 1998

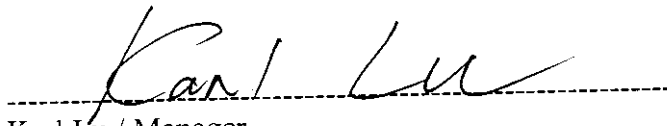
**LETTER OF AUTHORIZATION AND
ANTI-DRUG ABUSE CERTIFICATION**

To whom it may concern:

We, the undersigned, PROVIEW ELECTRONICS (TAIWAN) CO., LTD. hereby authorize Advance Data Technology Corp.(ADT) of Taiwan, affiliated with Spectrum Research and Testing Laboratory (SRT) of 1603 Skinners Turn Rd., Owings, MD 20736, U.S.A., TEL: (301) 855-2262, Mr. Johnson Ho to act on our behalf in all matters relating to applications for equipment authorization, including the signing of all documents relating to these matters and payment required by FCC. Any and all acts carried out by ADT and/or SRT on our behalf shall have the same effect as acts of our own.

We, hereby certify that we are not subject to a denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853(a).

Sincerely yours,



Karl Lu / Manager
PROVIEW ELECTRONICS (TAIWAN) CO., LTD.

cc: Mr. Johnson Ho - Spectrum Research and Testing Laboratory
Mr. Harris W. Lai - Advance Data Technology Corporation

05-17-99 0358315 8315242 2 001 10


Mellon
Bank

CHECK NO. 266819558		CHIAO TUNG BANK	
CLIENT NO. 85005		ON DEMAND AGAINST THIS DRAFT	
		PAY TO THE ORDER OF	
		FEDERAL COMMUNICATIONS COMMISSION	
		Federal Reserve of China	
THE SUM OF		U.S. DOLLARS NINE HUNDRED FORTY ONLY***	
TO CITIBANK (NEW YORK STATE):		APR 28, 1999	
BUFFALO, NEW YORK, U.S.A.		10-89 220	
R8ABA88/80428-01		USD840.00****	
#266819558#		FOR CHIAO TUNG BANK	
⑈022000858⑈		APPROVED SIGNATURE	
99#85005		99#85005	
		#00000094000#	