

# Timco Engineering, Inc.

## TCB Application Form 731

Rev 07 Mar 03

Shaded areas are **REQUIRED**

| For Timco Use Only |         |
|--------------------|---------|
| Job Number         | 2048UT4 |
| Scope              |         |
| Date Filed         |         |
| Conf. #            |         |
| Grant Note         |         |

|  |                                 |  |   |
|--|---------------------------------|--|---|
| <b>Item 1. Applicant's complete, legal business name:</b>  |                                 |  |   |
| KANEMATSU USA INC.   |                                 |  |   |
| <b>Applicant's FCC Registration Number (FRN): 0011-3337-70</b>   |                                 |  |   |
| <b>Item 2. Applicant's mailing address:</b> <i>fill in fields, as appropriate</i>  |                                 |  |   |
| Line 1:543 WEST ALGONQUIN ROAD   |                                 |  |   |
| Line 2:  |                                 |  |   |
| P.O. Box:  |                                 |  |   |
| City:ARLINGTON HEIGHTS   |                                 |  |   |
| State:<br>ILLINOIS   |                                 | Country (if foreign address):<br>USA                         |   |
|  |                                 | Zip/Postal Code:<br>60005                                    |   |
| <b>Item 3. Applicant Contact Person:</b>   |                                 |  |   |
| First Name:HIRO  |                                 | Last Name:TAKEDA   |   |
| Title:OEM COMMUNICATION  |                                 | Telephone:847-981-5600                                       |   |
| E-mail:HTAKEDA@KANEMATSUUSA.COM  |                                 | Fax No.:847-981-6763   |   |
| <b>Item 4.</b>   | <b>FCC ID</b><br>consisting of: | <b>Grantee Code:</b><br>IV9                                  | <b>Equipment Product Code (14 characters maximum):</b><br>BSHH16U <i>include "dashes" (-) where appropriate</i> |
| <b>Item 5. Application Contact:</b> <b>All questions regarding the application will be directed to this contact. The Original Grant and Invoice will be sent to this contact.</b>  |                                 |  |   |
| <b>Firm Name:</b><br>Timco Engineering, Inc.   |                                 | <b>Telephone:</b><br>888-472-2424                            | <b>Ext:</b><br><b>Fax No.:</b><br>352-472-5500  |
| <b>First Name:</b> Mario   |                                 | <b>Middle Initial:</b> R                                     | <b>Last Name:</b> de Aranzeta   |
| <b>Address Line 1:</b> 849 NW State Road 45  |                                 | <b>P.O. Box:</b>   |   |
| <b>Address Line 2:</b>   |                                 | <b>City:</b> Newberry  | <b>State:</b> FL  |
| <b>Country (if foreign address):</b>   |                                 | <b>Zip/Postal Code:</b> 32669                                |   |
| <b>E-mail:</b> info@timcoengr.com  |                                 | <b>Telephone:</b> 888-472-2424                               | <b>Fax:</b> 352-472-5500  |
| <b>Item 6. Test Firm Used to Take Measurements:</b>  |                                 |  |   |
| <b>Firm Name:</b><br>Timco Engineering, Inc.   |                                 | <b>Telephone:</b><br>888-472-2424                            | <b>Ext.:</b><br><b>Fax No.:</b><br>352-472-2030   |
| <b>First Name:</b> Mario   |                                 | <b>Middle Initial:</b> R                                     | <b>Last Name:</b> de Aranzeta   |
| <b>Address Line 1:</b> 849 NW State Road 45  |                                 | <b>P.O. Box:</b>   |   |
| <b>Address Line 2:</b>   |                                 | <b>City:</b> Newberry  | <b>State:</b> FL  |
| <b>Country (if foreign address):</b>   |                                 | <b>Zip/Postal Code:</b> 32669                                |   |
| <b>E-mail:</b> info@timcoengr.com  |                                 |  |   |
| <b>FCC Registered Test Site Number.</b> <i>Required for Part 15 and 18 applications.</i>   |                                 |  |   |
| <b>Item 7.</b> * 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>Item 8.</b> *Is this application for modular approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><i>If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407.</i> |                                 |  |   |
| <b>Item 9.</b> *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                 |  |   |
| <b>Item 10.</b> Equipment Class: <i>3-digits required</i><br>TNF   |                                 | Description of Product as it is marketed:<br>UHF TRANSCEIVER |   |

**Item 11. \*Application is for:**

Original Equipment

Change in identification of presently authorized equipment:

Original FCC ID

Grant Date (MM/DD/YYYY)

Class II permissive change or modification of presently authorized equipment

Class III permissive change to software defined radio

*Note: this may only be filed for applications pertaining to Software Defined Radio*

**Item 12. Is the equipment in this application:**

\* (a) a composite device subject to an additional 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 section 12 (c).*

**(c) The related application:**

has been granted under the FCC ID listed to the right

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

**FCC ID**

**Item 13. \* Equipment will be operated under FCC Rule Part(s):**

90

**Item 14. EQUIPMENT SPECIFICATIONS:** *Where applicable*

| Frequency range in MHz |           | Rated RF power output<br><b>IN WATTS</b> | Frequency tolerance |            | Emission Designator (See 47 CFR 2.201 and 2.202) | Microprocessor model number |
|------------------------|-----------|--|---------------------|------------|--|-----------------------------|
| Low Freq               | High Freq |  |                     | %, Hz, ppm |  |                             |
| 430                    | 470       | 4.10                                     | 2.5                 | ppm        | 15K2F3E  |                             |
| 430                    | 470       | 1.12                                     | 2.5                 | ppm        | 15K2F3E  |                             |
| 430                    | 470       | 4.10                                     | 2.5                 | ppm        | 10K6F3E  |                             |
| 430                    | 470       | 1.12                                     | 2.5                 | ppm        | 10K6F3E  |                             |
|                        |           |  |                     |            |  |                             |
|                        |           |  |                     |            |  |                             |
|                        |           |  |                     |            |  |                             |
|                        |           |  |                     |            |  |                             |
|                        |           |  |                     |            |  |                             |
|                        |           |  |                     |            |  |                             |

**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. TITLE 47, SECTION 503).

(Continued on Next Page)

**Item 15. 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 Applicant:**Mario R. de Aranzeta

**Title of Authorized Signature:**Engineer

**NOTE: An asterisk '\*' preceding a field indicates it must be completed.**