

FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731 APPLICATION FOR EQUIPMENT AUTHORIZATION		Approved by OMB 3060 - 0057 Expires 9/30/00
You will be presented with the FCC FORM 159, Fee Remittance Advice after submitting your application and obtaining a confirmation number. This Fee Remittance Advice, FCC Form 159, must currently be submitted in paper form along with payment to the address indicated in the FCC Fee Filing Guide. Electronic submission of FCC Form 159 is not currently available.		
Item 1. Applicant's complete, legal business name: Qualcomm Incorporated		
Item 2. Applicant's mailing address Line 1: 5775 Morehouse Drive Line 2: P.O.Box: City: San Diego State: CA Country(if foreign address): Zip/Postal Code: 92121		
Item 3. FCC ID: Grantee code: J9C * Equipment Product Code (14 characters maximum): <input type="text" value="GSSM1"/>		
Item 4. Person at the applicant's address to receive grant or for contact: First Name: Karen Mail Stop: Last Name: Stambaugh Telephone: 858-651-2160 Ext: Title: Assoc. Quality Engineer Fax No: E-mail: kstambau@qualcomm.com		
Item 5. Instead of Applicant, FCC is authorized to mail original Grant to: Firm Name: <input type="text"/> Address Line 1: <input type="text"/> P.O.Box: <input type="text"/> Address Line 2: <input type="text"/> City: <input type="text"/> State: <input type="text" value="CA"/> Country(if foreign address): <input type="text"/> Zip/Postal Code: <input type="text"/> Person at above address to receive Grant: First Name: <input type="text"/> Last Name: <input type="text"/> Title: <input type="text"/> Mail Stop: <input type="text"/>		
Item 6. Technical Contact: Firm Name: <input type="text" value="Qualcomm Incorporated"/> Telephone: <input type="text" value="858-658-3542"/> Ext: <input type="text"/> Fax No: <input type="text" value="858-651-1982"/> First Name: <input type="text" value="William"/> Middle Initial: <input type="text" value="E"/> Last Name: <input type="text" value="Moyer"/> Address Line 1: <input type="text" value="5775 Morehouse Drive"/> P.O.Box: <input type="text"/> Address Line 2: <input type="text"/> City: <input type="text" value="San Diego"/> State: <input type="text" value="CA"/> Country(if foreign address): <input type="text"/> Zip/Postal Code: <input type="text" value="92121"/> E-mail: <input type="text" value="wmoyer@qualcomm.com"/>		

Item 7. Non-Technical Contact:

Firm Name: Qualcomm Incorporated **Telephone:** 858-651-1547 **Ext:** **Fax No:** 858-651-1989

First Name: Paul **Middle Initial:** **Last Name:** Guckian

Address Line 1: 5775 Morehouse Drive **P.O.Box:**

Address Line 2: **City:** San Diego **State:** CA

Country(if foreign address): **Zip/Postal Code:** 92121

E-mail: pguckian@qualcomm.com

Item 8. * 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. Yes No

Item 9. * Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)? (See instructions) Yes No

If so, specify date when grant may be issued (MM/DD/YYYY format):

Item 10. Equipment Code: TNE -Licensed Non-Broadcast Transmitter Held to Ear *** Description of Product as it is Marketed:** Globalstar Single-Mode Portable User Terminal

* Equipment will be operated under FCC Rule Part(s):

Item 11. * Application is for:

Original Equipment (See instructions)

Change in identification of presently authorized equipment: Original FCC ID: Grant Date (MM/DD/YYYY format):

Class II permissive change or modification of presently authorized equipment (See instructions)

Item 12 . EQUIPMENT SPECIFICATIONS: (See instructions)

Frequency range in MHz		Rated RF power output in watts	Frequency tolerance		Emission designator (See 47 CFR § 2.201 and § 2.202)	Microprocessor Model Number
1610	1621.35	1	10	ppm	1M25G1W	
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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).*

Yes No
 Yes No

(c) The related application:

- has been filed at same time as this application under the FCC ID listed to the right
- 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 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:

Telephone:

Ext:

Fax No:

E-mail:

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 CONSTITUTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, 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 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:

Title of authorized signature:

Complete items below if an agent signs the application

Firm Name:	Telephone:	Ext:	Fax No:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	Middle Initial:	Last Name:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address Line 1:	P.O.Box:		
<input type="text"/>	<input type="text"/>		
Address Line 2:			
<input type="text"/>			
City:	State:	Country(if foreign address):	Zip/Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail:			
<input type="text"/>			

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