

**FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731
APPLICATION FOR EQUIPMENT AUTHORIZATION**

Approved by OMB
3060 - 0934
Expires 02/28/2005

Item 1. Applicant's complete, legal business name: **Lutron Electronics Co., Inc.**

Item 2. Applicant's mailing address

Line 1: **7200 Suter Road**

P.O.Box: **900**

City: **Coopersburg**

State: **PA**

Country (if foreign address): **USA**

Zip/Postal Code: **18036-1299**

Item 3. FCC ID:

Grantee code: **JPZ**

Equipment Product Code (14 characters maximum): **0035**

Item 4. Person at the applicant's address to receive grant or for contact:

First Name: **Matthew**

Last Name: **Cardoni**

Telephone: **610-282-3800** Ext: **7316**

Title: **Engineering Technician**

E-mail: **mcardoni@lutron.com**

Fax No: **610-282-6457**

Item 5. Instead of Applicant, the original Grant is authorized to be mailed to:

N/A

Item 6. Technical Contact:

Firm Name: **Lutron Electronics Co., Inc.**

Telephone: **610-282-3800**

Ext: **6509**

Fax No: **610-282-6457**

First Name: **Robert**

Last Name: **Bollinger**

Address Line 1: **7200 Suter Road**

P.O.Box: **900**

City: **Coopersburg**

Country (if foreign address): **USA**

Zip/Postal Code: **18036-1299**

E-mail: **rbollinger@lutron.com**

Item 7. Non-Technical Contact:

Firm Name: **Lutron Electronics Co., Inc.**

Telephone: **610-282-3800**

Ext: **7424**

Fax No: **610-282-6457**

First Name: **Robert**

Last Name: **Spehalski**

Address Line 1: **7200 Suter Road**

P.O.Box: **900**

City: **Coopersburg**

Country (if foreign address): **USA**

Zip/Postal Code: **18036-1299**

E-mail: **rspehalski@lutron.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.

(please mark as appropriate)

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) **NO**

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

Item 10.

* Equipment Class: **Part 15 Low Power Transceiver, Rx Verified**

* Description of Product as it is Marketed: **Lighting Control Transceiver**

(NOTE: This text will appear below the equipment class on the grant)

Item 11. * Application is for: (please mark as appropriate)

- 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)

Complete items below if an agent signs the application

Firm Name:

Address Line 1:

Address Line 2:

Country (if foreign address):

Person at above address to receive Grant:

First Name

Title:

P.O.Box:

City:

Zip/Postal Code:

Last Name:

Mail Stop:

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