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

<u>Item 5.</u> 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?(please mark as
appropriate)
√ YesIf "Yes" see instructions.√ YesO 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)

<u>Item 11.</u> * Application is for: (please mark as appropriate)

Original Equipment (See instructions)

O Change in identification of presently authorized equipment: Original FCC ID:

Grant Date (MM/DD/YYYY format):

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

DOC-FCC009 4/14/2005 Page 1 of 3

	pment in this applica				
* (a) a composite device subject to an additional equipment authorization?					O Yes √No
* (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?					√ Yes O No
If either of the above questions is answered "Yes" complete section 12(c).					
(c) The related application:					FCC ID
$\sqrt{}$ has been granted under the FCC ID listed to the right					JPZ0034
O is in the process of being filed under the FCC ID listed to the right					
O is pending with the FCC under the FCC ID listed to the right Item 13. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:					
Firm Name: Radiation Sciences Incorporated Last Name:					
Telephone: 215 256 4133 Ext Fax No. E-mail:					
Itom 14 Enter any	toxt that you would li	ko to annoar at the b	ottom of the Grant of	Equipment Authori	zation
Item 14. Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization.					
N/A					
Read each certification carefully before answering and signing this application					
Equipment Specifications:					
	Frequency		Frequency	Emission	
Rule Part	Range (MHz)	Power (W)	Tolerance and	Designator	Note Codes
. –	<u> </u>		Units		
15	431-437 MHz	100 μW	+/- 0.25%	F7D	
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					
CONSTITUTIO	N PERMIT (U.S. CC	DE, TITLE 47, SEC	CTION 312(a)(1)), Al	ND/OR FORFEITU	RE (U.S. CODE,
	(0.0		ECTION 503).		(3:3: - 3 - 2,
	5301 (ANTI-DRUG A				
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? $\sqrt{\text{Yes}}$ O 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.					
request, and that the FOO reserves the right to contact the applicant unectry at any time.					
* Signature of Authorized Person Filing: Title of authorized signature:					
Marie Ann Confro			TCB Administrato		

DOC-FCC009 4/14/2005 Page 2 of 3

* Signature of Authorized Person Filing: Marie Ann Confroy

Complete items below if an agent signs the application

Firm Name: Address Line 1: P.O.Box: Address Line 2:

City: Zip/Postal Code: Country (if foreign address):

Person at above address to receive Grant:

Last Name: Mail Stop: **First Name** Title:

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

DOC-FCC009 4/14/2005 Page 3 of 3