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

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

<u>Item 1.</u> 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):

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

Item 3. FCC ID: JPZ0037 Grantee code: JPZ

Equipment Product Code (14 characters maximum): 0037

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

First Name: Mark

Last Name: Clouser Telephone: 610-282-3800 Ext: 6755

Title: Senior Engineering Technician

E-mail: mclouser@lutron.com Fax No: 610-282-6457

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

**Item 6. Technical Contact:** 

Firm Name: Lutron Electronics Co., Inc.

Telephone: Ext: 6509 Fax No:

Middle Initial: Last Name: Bollinger

Address Line 1: P.O.Box: Address Line 2: City:

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

E-mail: rbollinger@lutron.com

Item 7. Non-Technical Contact:

Firm Name: Lutron Electronics Co., Inc.

Telephone: Ext: 7424 Fax No:

First Name: Robert Middle Initial: Last Name: Spehalski

Address Line 1: P.O.Box: Address Line 2: City:

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

E-mail:

 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)

 If "Yes" see instructions.
 ☑ Yes O No

<u>Item 9.</u> 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:

\* Description of Product as it is Marketed:

(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)

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)

Item 12. 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 12(c).

O Yes ⊠ No ⊠ Yes O No

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(c) The related application:					FCC ID
■ 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					
	est firm and contact p	erson on file with ti	ne FCC, if different from		act person:
Firm Name:	Ext	Fax No.	Last Name: E-mail:		
Telephone	EXI	rax No.			
tem 14. Enter any	text that you would li	ke to appear at the	bottom of the Grant of	Equipment Authori	zation.
	tone man you nouse n	to apposit at the		qu.p	
F	Read each certification	on carefully befor	e answering and sig	ning this applicat	rion
Equipment Spec		on our ording boron	o anoworing and org	ming time applicat	
-quipinent opet	inoutions.				
	Fraguenov				
Dula Dant	Frequency	Dames (M)	Frequency	<b>Emission</b>	Note Code
Rule Part	Range (MHz)	Power (W)	Tolerance and	Designator	Note Codes
			Units		
15	431-437 MHz	100uW	+/- 0.25%	F7D	
	<u>.</u>				
VAZILI ELIL EAL		ADE ON THIS EO	DM ADE DUNICUAD	I E DV FINE AND	IMPDICONMEN
			RM ARE PUNISHAB		
			R REVOCATION OF		
CONSTITUTION	ON PERMIT (U.S. CC	DE, TITLE 47, SE	CTION 312(a)(1)), AN	ND/OR FORFEITU	RE (U.S. CODE,
			ECTION 503).		
tem 15. *SECTIOI	N 5301 (ANTI-DRUG A	BUSE) CERTIFICAT	ION:		
			y party to the applicati		
			01 of the Anti-Drug Ab		
		or distribution of a	controlled substance.	See 47 CFR 1.2002	(b) for the definiti
of a "party" for the	ese purposes.				
	t or authorized agent		🗷 Yes O No		
	NT/AGENT CERTIFICA				
			the statements herein		
			accepting a Grant of E		
			tion, the applicant is re		
equipment with th	e exact FCC ID specifi	ied in this application	on, (2) compliance stat	ement labeling pur	suant to the
			the applicable technic		
			ments have been made		urer to ensure th
roduction units	of this equipment will o		with the FCC's technic	cal requirements.	
			at the applicant's dis		

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:	litie of authorized signature:			
Marie Ann Confroy	TCB Administrator			
Complete items below if an agent signs the application				
Firm Name:				
Address Line 1:	P.O.Box:			
Address Line 2:	City:			
Country (if foreign address):	Zip/Postal Code:			
Person at above address to receive Grant:				
First Name	Last Name:			
Title:	Mail Stop:			
NOTE: An asterisk '*' preceding a field indicates it must be completed before this application can be submitted.				

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