

FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731 APPLICATION FOR EQUIPMENT AUTHORIZATION	Approved by OMB 3060 - 0934 Expires 02/28/2005
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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): 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

Item 5. 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:
 First Name: Robert 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? If "Yes" see instructions.	(please mark as appropriate) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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:
 * 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)
 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. 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).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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