## 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: 1	8036-1299				
Item 3. FCC ID: JPZ0040	Gr	antee code: JPZ				
Equipment Broduct Code (14 characters maximum): 004(						
Equipment Product Code (14 characters maximum): 0040 Item 4. Person at the applicant's address to receive grant						
First Name: Matthew	or for contact.					
Last Name: Cardoni						
Telephone: (610) 282-7316						
Title: Engineering Technician						
E-mail: mcardoni@lutron.com	Fax No: (610) 282-6	6457				
Item 5. Instead of Applicant, the original Grant is authoriz						
N/A						
Item 6. Technical Contact:						
Firm Name: Lutron Electronics Co., Inc.						
Address Line 1: 7200 Suter Road	P.O.Box: <mark>900</mark>					
City: Coopersburg						
Country (if foreign address): USA	Zip/Postal Code: 1	8036-1299				
First Name: Matthew						
Last Name: Cardoni						
Telephone: (610) 282-7316						
Title: Engineering Technician						
E-mail: mcardoni@lutron.com						
Item 7. Non-Technical Contact:						
Firm Name: Lutron Electronics Co., Inc.						
Address Line 1: 7200 Suter Road	P.O.Box: 900					
City: Coopersburg						
Country (if foreign address): USA	Zip/Postal Code: 1	8036-1299				
First Name: Matthew						
Last Name: Cardoni						
Telephone: (610) 282-7316						
Title: Engineering Technician						
E-mail: mcardoni@lutron.com	dentiality for any partian(a) of the	(places mark as				
Item 8. * Does this application include a request for confid data contained in this application pursuant to 47 CFR § 0.		(please mark as appropriate)				
If "Yes" see instructions.		T Yes O No				
Item 9. Does the applicant request that the Commission d	ofer grant of this application pursuan					
(See instructions)	lerer grant of this application pursuan					
If so, specify date when grant may be issued (MM/DD/YY)	(Y format):					
Item 10.						
* Equipment Class: DXT						
* Description of Product as it is Marketed: Lighting Contr						
(NOTE: This text will appear below the equipment class o						
<u>Item 11.</u> * Application is for: (please mark as appropriate)						
T Original Equipment (See instructions)						
O Change in identification of presently authorized e						
· · · · · · · · · ·	Grant Date (MM/DD/YYYY	,				
0 Class II permissive change or modification of pre	esently authorized equipment (See ins	structions)				

Item 12. Is the equipment in this application:							
* (a) a composite device subject to an additional equipment authorization?					O Yes T No		
* (b) part of a system that operates with, or is marketed with, another device that requires an					T Yes O No		
equipment authorization? If either of the above questions is answered "Yes" complete section 12(c).							
(c) The related application:							
• •	FCC ID JPZ0031						
	anted under the FCC				01 20001		
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: MET Laboratories						
Address: 914 West							
City: Baltimore							
State & Zip: MD 212	230						
Last Name: Confro	у						
First Name: Marie							
Telephone: 410-354		Ext: 412					
Fax No.: 410-354-33							
E-mail: tcbinfo@me							
			ottom of the Grant of				
		on carefully before	answering and sig	ning this application	on		
Equipment Speci	fications:						
			_				
	Frequency	<b>D</b> (110)	Frequency	Emission			
Rule Part	Range (MHz)	Power (W)	Tolerance and	Designator	Note Codes		
	• • •		Units	J.			
15C	418 MHz	0.1 W	+/-0.25%	F7D			
			RM ARE PUNISHAB				
			R REVOCATION OF				
CONSTITUTIO	N PERMIT (U.S. CO	DDE, TITLE 47, SEC	CTION 312(a)(1)), AN	ND/OR FORFEITUR	E (U.S. CODE,		
			ECTION 503).				
	5301 (ANTI-DRUG AE						
			party to the applicati				
			1 of the Anti-Drug Ab				
		or distribution of a d	controlled substance.	See 47 CFR 1.2002(b	) for the definition		
of a "party" for thes	se purposes.						
Decertise and the size of energy the constitution $\mathbf{T}$ is $\mathbf{T}$ . (2.1)							
Does the applicant or authorized agent so certify? ➤ Yes O No   Item 16. APPLICANT/AGENT CERTIFICATION: O No							
			Yes O No				
Item 16. APPLICAN	T/AGENT CERTIFICA	TION:		and the exhibits attac	hed hereto, are		
Item 16. APPLICAN	T/AGENT CERTIFICA uthorized to sign this	TION: application. All of th	ne statements herein				
Item 16. APPLICAN I certify that I am au true and correct to	T/AGENT CERTIFICA uthorized to sign this the best of my knowl	TION: application. All of th ledge and belief. IN a	ne statements herein a accepting a Grant of E	quipment Authorizat	ion issued by the		
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