

TCB TELEFICATION TCB TELEFICATION Edisonstr. 12a 6902 PK Zevenaar The Netherlands Tel: +31 316 583180 Fax: +31 316 583189 Email: certification@telefication.com APPLICATION FOR EQUIPMENT AUTHORIZATION	FRN NUMBER of GRANTEE 0006721039 Who is communicating <u>directly</u> with the Telefication assessor for this filing? Name: Andreas Morsbach Email: m.duddeconsultdudde.com
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On some fields you can use F1 for explanations or see the Status Bar

SECTION I – ALL ITEMS IN THIS SECTION MUST BE COMPLETED		
1. Grantee's complete, legal business name Continental Automotive GmbH		
2. Grantee's mailing address Siemensstr. 12		
City Regensburg	State or Country (if foreign address) Germany	ZIP/Postal Code 93005
3. FCC ID: consisting of:	(a) Grantee Code K R 5	(b) Equipment Product Code (14 characters maximum, show zeros as Ø) <i>include dashes (-) where appropriate</i> S180052050
4. Name, Title and Mail Stop, if any, of person at the grantee's address to receive grant, or for contact: <i>(See the Instructions document)</i> Dagmar Kolar, Manager Type Approval, Siemenstrasse 12, 93055 Regensburg		
5. (a) Telephone No. (Area/Country/City code, No. and Ext.) + 49 (0) 941 790 6699	(b) FAX No. (Area/Country/City code, No.) +49 (0) 941 790 136699	
(c) Email address: dagmar.kolar@continental-corporation.com		

SECTION II – CONTACT INFORMATION		
1.(a) Technical contact:		(b) Telephone No. (Area/Country/City code, No. and Ext.)
Company Name,	Continental Automotive GmbH	+49 941 790-8942
Contact person,	Mr. Josef Lohr	(c) FAX No. (Area/Country/City code and No.)
Number, street,	Siemensstr. 12	+49 941 79099-8942
City, State/Country,	Regensburg, Germany	
ZIP/Postal Code	93005	
(d) Internet e-mail address: Josef.Lohr@continental-corporation.com		
(e) Non-Technical contact:		(f) Telephone No. (Area/Country/City code, No. and Ext.)
Company Name,		
Contact person,		
Number, street		(g) FAX No. (Area/Country/City code and No.)
City, State/Country,		
ZIP/Postal Code		
(h) Email address:		

SECTION III – EQUIPMENT AUTHORIZATION SUMMARY

1. a) Long-Term Confidentiality: 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's Rules? If "Yes" a letter shall be attached. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
b) Short-Term Confidentiality Does short-term confidentiality apply to this application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, specify the short-term confidentiality release date (MM/DD/YYYY format): (if no date given the default will be 45 days from grant date; max time 180 days from grant date!). A letter shall be attached.							
2. Modular Equipment: (You have to select the correct type!) Modular Type: <input checked="" type="checkbox"/> Does not apply <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Single Modular Approval <div style="text-align: right;"><input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Limited Split Modular Approval</div>							
3. Type of equipment authorization request (check <i>one</i> box only) <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Type Acceptance <input type="checkbox"/> Notification							
4. (a) Equipment Code: and/or FCC part (see the Instructions, pages 4-8): <div style="text-align: center;">D S C 15.231 (e)</div>			(b) Equipment description to appear on FCC grant:				
5. Application is for: (Check one box only) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%; padding: 5px; vertical-align: top;"><input checked="" type="checkbox"/> 1. Original equipment (See the Instructions)</td><td style="width: 33%; padding: 5px; vertical-align: top;"><input type="checkbox"/> 2. Change in identification of presently authorized equipment <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;">ORIGINAL FCC ID Grant date</div></td><td style="width: 33%; padding: 5px; vertical-align: top;"><input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See the Instructions)</td></tr></table>					<input checked="" type="checkbox"/> 1. Original equipment (See the Instructions)	<input type="checkbox"/> 2. Change in identification of presently authorized equipment <div style="text-align: center; border-top: 1px solid black; margin-top: 10px;">ORIGINAL FCC ID Grant date</div>	<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See the Instructions)
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6. EQUIPMENT SPECIFICATIONS: (See the Instructions)							
(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance in %, Hz, or ppm	(d) Emission designator (See 47 CFR §2.201 and §2.202)	(e) Microprocessor model number			
433.920	---	---	116KF1D	ATIC127			
7. Is the equipment in this application: (a) a composite device subject to more than one type of equipment authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (b) part of a system that operates with, or is marketed with, another device that requires equipment authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (c) If either of the above questions is answered "Yes" complete the following statement. The related application: has been granted under the FCC ID(s) listed below: <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>FCC ID:</div><div>FCC ID:</div><div>FCC ID:</div><div>FCC ID:</div></div>							
8. (a) Name of test firm on file with the FCC: <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 5px; vertical-align: top;">(b) Number, street, City, State, ZIP/Postal Code, Country, Contact person, Contact email: m. dudde hochfrequenz-technik Rottland 5a Bergisch Gladbach 51429 Germany Andreas Morsbach Germany</td><td style="width: 40%; padding: 5px; vertical-align: top;">(c) Telephone No. (Area/Country/City code, No. and Ext.) +49 2207 9689 0 (d) FAX No. (Area/Country/City code and No.) +49 2207 9689 20</td></tr></table>					(b) Number, street, City, State, ZIP/Postal Code, Country, Contact person, Contact email: m. dudde hochfrequenz-technik Rottland 5a Bergisch Gladbach 51429 Germany Andreas Morsbach Germany	(c) Telephone No. (Area/Country/City code, No. and Ext.) +49 2207 9689 0 (d) FAX No. (Area/Country/City code and No.) +49 2207 9689 20	
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9. Equipment Authorization Waiver Is there an equipment authorization waiver associated with this application? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div> </div><div>Is there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? Yes <input type="checkbox"/> No <input type="checkbox"/></div></div>							

Is there a KDB inquiry associated with this application? Yes ☐ No ☐

If yes, enter the inquiry tracking number:

SECTION IV – Read each certification carefully before answering and signing this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001, AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND /OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

1. SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

The grantee must certify that neither the grantee 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 this grantee or authorized agent so certify?



Yes



No

2.(a) GRANTEE/AGENT CERTIFICATION:

I certify that I am authorized to sign this application and declare that we have not requested for a Grant of the same equipment by another TCB or the FCC. 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 grantee 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. The grantee declares not to make false claims, use the certification appropriately and make appropriate declarations on the literature.

If the grantee 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 grantee's discretion; however, the grantee remains responsible for all statements in this application.

If an agent has signed this application on behalf of the grantee, 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 grantee. 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 grantee directly at any time.

3 MARKET SURVEILLANCE

The grantee is (made) aware and accepts that FCC rules require that production samples of the equipment to be certified must be made available for market surveillance purposes at all times. Non-compliance with the surveillance procedure (if requested to supply a product for that purpose) has to be reported to the FCC and may result in blocking of the grantee code or dismissal of the applicable grant.

4 By signing this form at the bottom, the grantee hereby declares that he or she:

- accepts this application as an order and will pay all associated costs in case no other order has been agreed;
- is familiar with the *General conditions Telefication* and the Certification/Assessment/Approval procedures.
- has completed this application form truthfully.

τ Complete items below if an agent signs the application.

(b) Agent's business name, m. dudde hochfrequenz-technik
Number, street, Rottland 5a
City, State/Country, Bergisch Gladbach, Germany
ZIP/Postal Code 51429

(c) Telephone No. (Area/Country/City code, No. and Ext.)

+49 2207 9689 0

(d) FAX No. (Area/Country/City code and No.)

+49 2207 9689 20

(e) Email address: Germany

SIGNATURE:

+



σ Original written signature of authorized signer

05-09-2012

σ Date (Month, Day, Year)

Andreas Morsbach

Assistant Manager

σ Typed/printed name of authorized signer

σ Title of authorized signer