

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

Approved by OMB
3060 - 0057
Expires 9/30/00

You will be presented with the FCC FORM 159, Fee Remittance Advice after submitting your application and obtaining a confirmation number. This Fee Remittance Advice, FCC Form 159, must currently be submitted in paper form along with payment to the address indicated in the FCC Fee Filing Guide. Electronic submission of FCC Form 159 is not currently available.

Item 1. Applicant's complete, legal business name: **Sony Electronics Inc**

Item 2. Applicant's mailing address

Line 1: **1 Sony Drive**

Line 2:

P.O.Box:

City: **Park Ridge**

State: **NJ** Country(if foreign address): Zip/Postal Code: **07656-8003**

Item 3. FCC ID: Grantee code: **L5A** * Equipment Product Code (14 characters maximum):

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

First Name: **Julio**

Mail Stop:

Last Name: **Posse**

Telephone: Ext:

Title: **Manager**

Fax No:

E-mail:

Item 5. Instead of Applicant, FCC is authorized to mail original Grant to:

Firm Name:

Address Line 1:

P.O.Box:

Address Line 2:

City:

State:

Country(if foreign address):

Zip/Postal Code:

Person at above address to receive Grant:

First Name:

Last Name:

Title:

Mail Stop:

Item 6. Technical Contact:

Firm Name:

Telephone:

Ext:

Fax No:

First Name:

Middle Initial:

Last Name:

Address Line 1: 6660-B DOBBIN ROAD **P.O.Box:** _____

Address Line 2: _____ **City:** COLUMBIA **State:** MD

Country(if foreign address): _____ **Zip/Postal Code:** 21045

E-mail: randy@pctestlab.com

Item 7. Non-Technical Contact:

Firm Name: PCTEST ENGINEERING LABORATORY, INC. **Telephone:** 301-596-2120 **Ext:** _____ **Fax No:** 410-290-6654

First Name: RANDY **Middle Initial:** _____ **Last Name:** ORTANEZ

Address Line 1: 6660-B DOBBIN ROAD **P.O.Box:** _____

Address Line 2: _____ **City:** COLUMBIA **State:** MD

Country(if foreign address): _____ **Zip/Postal Code:** 21045

E-mail: randy@pctestlab.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? If "Yes" see instructions. Yes 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) Yes No

If so, specify date when grant may be issued (MM/DD/YYYY format): _____

Item 10. Equipment Code: TNE -Non-Broadcast Transmitter - Held to Ear *** Description of Product as it is Marketed:** DUAL MODE CELLULAR PHONE (AMPS/CDMA)

Equipment will be operated under FCC Rule Part(s): 22

Item 11. * Application is for:

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 . EQUIPMENT SPECIFICATIONS: (See instructions)

Frequency range in MHz		Rated RF power output in watts	Frequency tolerance		Emission designator (See 47 CFR § 2.201 and § 2.202)	Microprocessor Model Number
824.04	848.97	.42	2.5	ppm	1M25F9W	
824.04	848.97	.6	2.5	ppm	40K0F8W	
824.04	848.97	.6	2.5	ppm	40K0F1D	

Item 13. 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 15.

- Yes No
 Yes No

(b) The related application checked in item 13.(a):
 has been filed at same time as this application under the FCC ID listed to the right
 has been granted under the FCC ID listed listed to the right
 is in the process of being filed under the FCC ID listed listed to the right
 is pending with the FCC under the FCC ID listed listed to the right

FCC ID

Item 14. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:

Firm Name:

First Name: **Last Name:**

Telephone: **Ext:** **Fax No:** **E-mail:**

Read each certification carefully before answering and signing this application

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 CONSTITUTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Item 15. SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

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? Yes 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.

* Signature of Authorized Person Filing: RANDY ORTANEZ	Title of authorized signature: PRESIDENT
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Complete items below if an agent signs the application

Firm Name: PCTEST ENGINEERING LABORATORY, INC.	Telephone: 301-596-2120	Ext:	Fax No: 410-290-6654
First Name: RANDY	Middle Initial:	Last Name: ORTANEZ	
Address Line 1: 6660-B DOBBIN ROAD	P.O.Box:		
Address Line 2:			
City: COLUMBIA	State: MD	Country(if foreign address):	Zip/Postal Code: 21045
E-mail: randy@pctestlab.com			

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

Continue	Clear
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