

Application E09-000118-FCC is listed below.

Applicant/Manufacturer

Applicant/Manufacturer Information

* Complete, Legal Business Name

Safetran Systems Corp

* Address, Line 1

10655 7th Street

P.O. Box

Address, Line 2

* Country

USA

* City

Rancho Cucamonga

State

CA

* Zip/Postal Code

91730

* FCC Grantee Code

LTY

* FCC/CORES FRN (FCC Registration Number)

0017924242

* Industry Canada Company Number

2347A

Note: For FCC and IC items above which do not apply, enter N/A.

Person at the above address to receive grant, or for contact

* First Name

George

* Last Name

Gomez

Title

Project Manager

Mail Stop

* Telephone

909-532-5453

Extension

* Fax

909-532-5500

* E-Mail Address

george.gomez@safetar

Change Applicant/Manufacturer

You may choose a different pre-defined applicant/manufacturer by selecting from the drop-down box.

Safetran Systems Corporation

If you wish to edit or to add a pre-defined applicant/manufacturer, please login to the customer account and navigate to **Predefine and Manage Applicants/Manufacturers**.

change applicant/manufacturer

Grant Receiver

Grant Receiver Information

* Firm Name

CKC Certification Serv

* Address, Line 1

5046 Sierra Pines Dr.

P.O. Box

Address, Line 2

* Country

USA

* City

Mariposa

State

CA

* Zip/Postal Code

95338

Person at the above address to receive grant

* First Name

Jessina

* Last Name

Hunter

Is pending with the FCC under the FCC ID above

update application information

Equipment Information

Equipment Information

* Description of Product
ACES ATCS CAB RADIO
(Max 50 characters)

update equipment information

Equipment Specifications

Equipment Specifications

Equipment Specification 1

Frequency Range (Low, High)	Rated RF Power Output and Unit
869 901	30 Watts Conducted
Frequency Tolerance (Value, Type)	
1.02577 ppm	
Emission Designator	Microprocessor Model Number
FXW	-

* Equipment Code
TNB - Licensed Non-Broadcast Station Transmitter

* Equipment will be operated under FCC Rule Part
90

If you wish to enter additional specifications for subcomponents, enter the total number of equipment specifications required and then click the link to expand this form. The present data will be saved and spaces will be created for additional specifications.

Total Number of Specifications: 1 [\[expand this form \]](#)

update equipment specifications

Technical Contact

Technical Contact Information

* Firm Name
CKC Certification Service

* First Name	* Last Name
Jessina	Hunter
Title	E-Mail Address
CKC CS Acting Agent	TCBAdmin@ckccertific

* Address, Line 1	P.O. Box
5046 Sierra Pines Dr.	
Address, Line 2	* Country
	USA

* City	State	* Zip/Postal Code
Mariposa	CA	95338

* Telephone	Extension	Fax
209-966-5240	2234	866-779-9776

Change Technical Contact

You may choose a different pre-defined technical contact by selecting from the drop-down box.

Hunter, Jessina - CKC Certification Services, LLC

If you wish to edit or to add a pre-defined technical contact, please login to the customer account and navigate to **Predefine and Manage Technical Contacts**.

change technical contact

Non-Technical Contact

Non-Technical Contact Information

* Firm Name
CKC Certification Serv

* First Name Jessina	* Last Name Hunter	
Title CKC CS Acting Agent	E-Mail Address TCBAdmin@ckccertifica	
* Address, Line 1 5046 Sierra Pines Dr.	P.O. Box	
Address, Line 2	* Country USA	
* City Mariposa	State CA	* Zip/Postal Code 95338
* Telephone 209-966-5240	Extension 2234	Fax 866-779-9776

Change Non-Technical Contact

You may choose a different pre-defined non-technical contact by selecting from the drop-down box.

Hunter, Jessina - CKC Certification Services, LLC

If you wish to edit or to add a pre-defined non-technical contact, please login to the customer account and navigate to **Predefine and Manage Non-Technical Contacts**.

change non-technical contact

Test Firm

Test Firm Information (onfile)

* Firm Name
CKC Laboratories, Inc.

* Address, Line 1 110 N. Olinda Place	P.O. Box N/A	
Address, Line 2 N/A	* Country USA	
* City Brea	* State CA	* Zip/Postal Code 92823

Contact Person at the above address

If you selected a test firm from those on file in the CKC CS database, the contact information displayed here may be different from what you entered. For a record containing the contact information entered, please refer to the printable FCC format.

* First Name Steve	* Last Name Behm
Mail Stop	
Telephone 714-993-6112	Extension N/A
Fax	E-Mail Address

866-779-9776 steve.behm@ckc.com

For FCC

For Industry Canada

Change Test Firm and Contact

You may choose a different on-file or pre-defined test firm by selecting from the drop-down boxes.

On file in the CKC CS database: CKC Laboratories, Inc. - Brea, Brea

Pre-defined for Customer Account: Please select a test firm

If you wish to edit or to add an on file test firm, please navigate to the **CKC CS Main page** and *Manage Onfile Test Firms*.

If you wish to edit or to add a pre-defined test firm, please login to the customer account and navigate to **Predefine and Manage Test Firms**.

Test Firm Contact Information

NOTE: This information is required for both options

* Contact Person's First Name * Contact Person's Last Name

Eddie Wong

* Telephone Extension

209-966-5240 2373

Fax E-Mail Address

866-779-9776 ewong@ckc.com

Accreditation Agency If other, enter facility

A2LA

* ISO Guide 17025, or equivalent Yes No

Certificate Number Certificate Expiration

0803.02 01-31-2011

change test firm and contact

Section 5301 Certification

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

Applicant/Agent Certification

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.

By checking this box, the applicant agrees to the terms and conditions set forth in the CKC CS General Agreement for certification under each entity under which certification is sought. Applicant acknowledges that they understand and agree to comply with the terms and conditions of the CKC CS General Agreement. By signing this form, the user acknowledges that they are signing on behalf of the applicant requesting certification, and the user has legal authority to sign on behalf of the applicant. User also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant if so requested.

For Agents: By signing this form as an agent on behalf of an applicant, the user acknowledges that they have been legally delegated the authority to act on behalf of the applicant and that the applicant has been provided with a copy of all terms and conditions pursuant to certification under the requested entities. Agent also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant.

* I Certify and Agree with the Terms and Conditions

Signature and Contact Information of Authorized Person Filing

First Name _____ Last Name _____
Jessina _____ Hunter _____
Title _____
CKC CS Acting Agent
Telephone _____ Extension _____
209-966-5240 2234
E-Mail Address _____ Fax _____
TCBAdmin@ckccertific: 866-779-9776

Complete the items below if an agent signs the application.

Firm Name _____
CKC Certification Services, LLC
Address, Line 1 _____ P.O. Box _____
5046 Sierra Pines Dr. _____
Address, Line 2 _____ Country _____

USA
City _____ State _____ Zip/Postal Code _____
Mariposa _____ CA _____ 95338
First Name _____ Last Name _____
Jessina _____ Hunter _____
Telephone _____ Extension _____
209-966-5240 2234
Fax _____ E-Mail Address _____
866-779-9776 TCBAdmin@ckccertific: