


<b>FEDERAL COMMUNICATIONS COMMISSION – FCC FORM 731</b> <b>APPLICATION FOREQUIPMENT AUTHORIZATION</b>			
<b>Item 1:</b> Applicant complete, legal business name: Z-COM, Inc.			
<b>Item 2:</b> Applicant mail address: Line 1: 7F-2, No. 9, Prosperity RD. 1, Science-Based Industrial Park, Hsinchu, 300 Taiwan, R.O.C. Line 2: P.O.Box: City: Hsinchu State: Country(if foreign address): Taiwan, R.O.C. Zip/Postal Code: 300			
<b>Item 3:</b> FCC ID: Grantee code: M4Y Equipment Product Code (14 characters maximum): -0325H			
<b>Item 4:</b> Person at the applicant address to receive grant or for contact First Name: Neil Mail Stop: Last Name: Tsai Line 1: 7F-2, No. 9, Prosperity RD. 1, Science-Based Industrial Park, Hsinchu, 300 Taiwan. P.O.Box: N/A Line 2: City: Hsinchu State: Country (if foreign address): Taiwan, R.O.C. Zip/Postal Code: 300 Telephone: (002-886)3-5789700 Ext: 150 Fax No: (002-886)3-5636033 Title: R & D Assistant Engineer Email : neil@zcom.com.tw			
<b>Item 5:</b> Instead of Applicant, TCB is authorized to mail original Grant to: Firm Name: Intertek Testing Services Taiwan Ltd. First Name: Michael Last Name: Chen Title: General Manager Mail Stop:			
<b>Item 6:</b> Technical Contact: Firm Name: Intertek Testing Services Taiwan Ltd. Telephone: 886-3-519-1411 Ext: 301 Fax No: 886-3-519-1410 First Name: JT Middle Initial: Last Name: Chen Line 1: No. 11, Ko-Tze-Nan, Chia-Tung Li, P.O.Box: N/A Line 2: Shiang-Shan District, City: Hsinchu State: Country (if foreign address): Taiwan, R.O.C. Zip/Postal Code: 300 Email : MCHEN@itslabtest-twn.com			
<b>Item 7:</b> Non-Technical Contact: Firm Name: Intertek Testing Services Taiwan Ltd. Telephone: 886-3-519-1411 Ext: 301 Fax No: 886-3-519-1410 First Name: Michael Middle Initial: Last Name: Chen Line 1: No. 11, Ko-Tze-Nan, Chia-Tung Li, P.O.Box: Line 2: Shiang-Shan District, City: Hsinchu State: Country (if foreign address): Taiwan, R.O.C. Zip/Postal Code: 300 Email : MCHEN@itslabtest-twn.com			
<b>Item 8:</b> 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 es” see instructions.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Item 9:</b> Does the applicant request that the Commission defer grant of this application pursuant 47 CFR 0.457(d)(1)(ii)? (See instruction)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If so, specify date when grant may issued (MM?DD?YYYY) format:			
<b>Item 10:</b> Equipment Code: DSS-Part 15 Spread Spectrum Transmitter Description of Product as it is Marketed: 2.4GHz wireless LAN card			

<b>Item 11: Application is for</b> <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Change in identification of presently authorized equipment Original FCC ID: _____ Grant Date (MM/DD/YYYY): _____ <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment				
<b>Item 12: Equipment Specifications:</b>				
Frequency range in MHz	Rated RF power output in watts	Frequency tolerance	Emission designator	Microprocessor Model number
2412-2462	0.23442	%		
		%		
		%		
<b>Item 13: Is the equipment in this application</b> (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? <i>If either of the above questions is answered yes" complete section 13(c).</i>			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(c) The related application: <input type="checkbox"/> has filed at same time as this application under the FCC ID listed to the right. <input type="checkbox"/> has been granted under the FCC ID listed to the right. <input type="checkbox"/> is in the process of being filed under the FCC ID listed to the right. <input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right.			FCC ID:	
<b>Item 14: Name of the test firm and contact person on the file with the FCC, if different from applicant or contact person:</b> Firm Name: Intertek Testing Services Taiwan Ltd. First Name: Michael      Last Name: Chen Telephone: 886-3-519-1411      Ext: 301      Fax No.: 886-3-519-1410 Email: MCHEN@itslabtest-twn.com				
Read each certification carefully before answering and signing this application				
WILLFULL FALSE STATEMENT 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)				
<b>Item 15: SECTION 5031 (ANTI-DRUG ABUSE) CERTIFICATION:</b> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 continue to comply with the FCC technical requirement.

Authorizing an agent to sign this application, is done solely at applicant 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 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:

Michael Chen

Title of Authorized Signature:

General Manager

Complete items below if an agent signs the application

Firm Name: Intertek Testing Services Taiwan Ltd.

Telephone: 886-3-519-1411

Ext: 301

Fax No: 886-3-519-1410

First Name: Michael

Middle Initial:

Last Name: Chen

Line 1: No. 11, Ko-Tze-Nan, Chia-Tung Li,

P.O.Box:

Line 2: Shiang-Shan District,

City: Hsinchu

State:

Country (if foreign address): Taiwan, R.O.C.

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