

FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB
3060-0057

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For
FCC
use
only

45384

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name Satel Oy		FEDERAL COMMUNICATIONS COMMISSION APPLICATION FOR EQUIPMENT AUTHORIZATION		Check here if this is a change in name and/or address not previously reported (See 47 CFR §2.934) <input type="checkbox"/>	
2. Applicant's mailing address (Line 1) P.O. Box 142		SEP 09 1999		Bureau Use Only	
Applicant's mailing address (Line 2) (if required)		No ID label		Equipment Code: MRD	
City Salo				Engineer: LE	
State or Country (if foreign address) Finland		ZIP/Postal Code FIN-24101		3. FCC ID: (a) Grantee Code M R B	
				(b) Equipment Product Code (14 characters maximum, show zeros as Ø) SATELLINE-3AS	
4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions) Tapio Malmivaara					
5.(a) Telephone No. (Area/Country/City code, No. and Ext.) +358 2 777 7891			5.(b) FAX No. (Area/Country/City code and No.) +358 2 777 7810		
(c) Internet e-mail address: tapio.malmivaara@satel.fi					

SECTION II - See 47 CFR §1.1103 for Fee Type Codes and Fees. Fee Type Codes are listed in Paragraph C of the attached instructions.

Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Enter in Column (B) the result obtained from multiplying the Fee amount for the Fee Type Code in Column (A) by the number entered in Column (B). If requesting more than ONE service, enter additional Fee Type Code(s) in Section III below.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) E F T	0 0 0 1	\$ 425.00	

SECTION III - Use when requesting more than one service. If only one service is requested, complete only Section II and Section III, Item (5).

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(2) [] [] []	0 0 0 1	\$ [] [] [] [] [] []	
(3) [] [] []	0 0 0 1	\$ [] [] [] [] [] []	
(4) [] [] []	0 0 0 1	\$ [] [] [] [] [] []	
Add all amounts shown in column C, lines (1) through (4), and enter the total here.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	FOR FCC USE ONLY
(5) This amount should equal your enclosed remittance. →		\$ [] [] [] [] [] []	

SECTION IV (continued) - Enter FCC ID from Page 1, Section I ▶ MRB0ATELLINE-3AS

10.(a) Additional type of equipment authorization required:

☐ Certification☐ Type Acceptance☐ Notification

(b) The related application checked in item 10.(a) (Check one box only)

☐ has been filed at the same time as this application under the FCC ID listed below☐ has been granted under the FCC ID listed below☐ is in the process of being filed under the FCC ID listed below☐ is pending with the FCC under the FCC ID listed below**FCC ID**

11.(a) Name of test firm on file with the FCC, if different from applicant or contact person:

EMCEC Ltd

(b) Mailing address, number, street, City, State/Country, ZIP/Postal Code
P.O. Box 19
FIN-02601 ESPOO
FINLAND

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

+358 2040 66320

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

+358 2040 66322

(e) Internet e-mail address: risto.nietanen@emcec.fi

12. Number of exhibits submitted with this application: -

SECTION V - 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 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**2.(a) 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.



Original written signature of authorized signer

Pekka Aura

▲ Typed/printed name of authorized signer

08/18/1997

▲ Date (Month, Day, Year)

Managing Director

▲ Title of authorized signer

▼ Complete items below if an agent signs the application.

(b) Agent's business name, number, street, City, State/Country, ZIP/Postal Code

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

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

(e) Internet e-mail address:

READ INSTRUCTIONS CAREFULLY

BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMM
REMITTANCE ADVISE

09-03-99 8315813 003

(1) LOCKBOX #

PAGE NO. 1 OF 1

FCC/MELLON

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SEP 01 1999

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Pekka Aura SATEL Oy

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 475.00

(4) STREET ADDRESS LINE NO. 1

P.O.Box 142

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION PROCESSING BRANCH

(5) STREET ADDRESS LINE NO. 2

(6) CITY

SALO

(7) STATE

(8) ZIP CODE

FIN-24101

(9) DAYTIME TELEPHONE NUMBER (include area code)

+358 2 777 7800

(10) COUNTRY CODE (if not in U.S.A.)

FINLAND

SEP 09 1999

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

(12) STREET ADDRESS LINE NO. 1

(13) STREET ADDRESS LINE NO. 2

(14) CITY

(15) STATE

(16) ZIP CODE

(17) DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

(20A) PAYMENT TYPE CODE (PTC)

(21A) QUANTITY

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

FCC USE ONLY

E F T

1

\$ 475.00

(23A) FCC CODE 1

(24A) FCC CODE 2

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

FCC USE ONLY

\$

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

FCC USE ONLY

\$

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

FCC USE ONLY

\$

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)

(1 IS DIFFERENT FROM PAYER NAME IN A-2)

18th August, 1999

Federal Communications Commission
EQUIPMENT APPROVAL SERVICES
P.O.Box 358315
Pittsburgh, PA 15251-5315
U.S.A.

Dear Sir,

we are hereby applying for assignment of a grantee code and for a type approval of SATELLINE-3ASd and SATELLINE-3AS (parallel model of SATELLINE-3ASd) radio modems.

SATELLINE-3AS differs from SATELLINE-3ASd only so that it has no liquid crystal display (LCD) and push buttons on the top of the product (see a brochure). The RF board and the modem board except above are the same in both units.

The local approval authorities made a decision to test only the most advanced model of this SATELLINE-3AS family and therefor the test report for SATELLINE-3ASd only has been published.

Please find enclosed the completed application form 731, FCC Remittance Advice form and our credit card number for the appropriate fees.

I hope that we have sent you all the necessary information for proceeding with the application. In case of any questions do not hesitate to contact me to my direct number +358-2-7777 891 or to my e-mail box tapio.malmivaara@satel.fi.

Yours Sincerely
SATEL OY



Tapio Malmivaara
Engineer (M.Sc.)
Technical Support
Product Group SATELLINE

ENCL:

- application form 731
- remittance advice form
- test report SATELLINE-3ASd / EMCEC Ltd / TL 980212 (original copy)
- technical documentation of SATELLINE-3ASd /-3AS
- User Guide, Brochure

27.08.1999

FEDERAL COMMUNICATIONS COMMISSION
c/o Mellon Bank
Three Mellon Bank Center
525 William Penn Way
27th Floor, Room 153-2713
PITTSBURGH, PA 15259-0001
U.S.A.

Attention: Wholesale Lockbox Shift Supervisor

Ref: Call Sign / ID: MRBSATELLINE-3AS
Your letter, dated 8/24/99 (FCC form 250)

Dear Sirs,

Please find enclosed:

- Type Approval Application of SATELLINE-3AS(d)
with corrected Remittance Advice form

Kind Regards,



Tapio Malmivaara
Tech. Support Eng.