

Application for Equipment Authorization FCC Form 731

Applicant's complete, legal business name: Sierra Wireless Inc.

FCC Registration Number (FRN): 0005810874

Mailing Address

Line one: 13811 Wireless Way

Line two:

P.O. Box:

City: Richmond, BC

State:

Country: Canada

Zip Code: V6V 3A4

FCC ID

Grantee Code: N7N Product Code: C888

Person at the applicant's address to receive grant or for contact

First Name: Ying

Middle Name:

Last Name: Wang

Title: Senior RF Engineer

Telephone Number: 604-232-1440 Extension:

Fax Number: 604-231-1109

Email: ywang@SierraWireless.com

Mail Stop:

Instead of applicant, FCC is authorized to mail original grant to:

Person at above address to receive grant:

Firm Name:

First Name:

Middle Name:

Last Name:

Title:

Mail Stop:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Technical Contact

Firm Name:

First Name:

Middle Name:

Last Name:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Telephone Number: Extension:

Fax Number:

E-Mail:

Non Technical Contact

Firm Name:

First Name:

Middle Name:

Last Name:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Telephone Number: Extension:

Fax Number:

E-Mail:

#### 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 Rules?:

Yes

#### Short-Term Confidentiality

Does short-term confidentiality apply to this application?: Yes

If so, specify the short-term confidentiality release date (MM/DD/YYYY format):

*Note: If no date is supplied, the release date will be set to 45 calendar days past the date of grant.*

#### Grant Deferral

Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR § 0.457(d)(1)(ii)? No

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

#### Software Defined/Cognitive Radio

Is this application for software defined/cognitive radio authorization? No

Equipment Class

Equipment Class: PCB - PCS Licensed Transmitter

Description of product as it is marketed: (NOTE: This text will appear below the equipment class on the grant): USB Wireless Modem

Related OET KnowledgeDataBase Inquiry

Is there a KDB inquiry associated with this application? Yes

Modular Equipment

Modular Type: N/A

Application Purpose

Application is for: Original Equipment

Composite/Related Equipment

Is the equipment in this application a composite device subject to an additional equipment authorization? Yes

Is the equipment in this application part of a system that operates with, or is marketed with, another device that requires an equipment authorization? No

The related application is in the process of being filed under the FCC ID(s) N7NC888

Equipment Specifications

Line Entry	Lower Frequency	Upper Frequency	Power Output	Tolerance	Emission Designator	Microprocessor Number	Rule Parts	Grant Notes
1	824.2	848.8	1.622	2.5 ppm	248KGXW		22H	
2	824.2	848.8	1.096	2.5 ppm	245KG7W		22H	
3	826.4	846.6	0.45	2.5 ppm	4M17F9W		22H	
4	1850.2	1909.8	0.832	2.5 ppm	247KGXW		24E	
5	1850.2	1909.8	0.933	2.5 ppm	246KG7W		24E	
6	1852.4	1907.6	0.436	2.5 ppm	4M18F9W		24E	

Test Firm Information

Name of test firm and contact person on file with the FCC:

Firm Name:

First Name:

Last Name:

Telephone Number: Extension:

Fax Number:

E-mail:

Equipment Authorization Waiver

Is there an equipment authorization waiver associated with this application? No

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded?: No

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

**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

Applicant/Agent Certification:

Signature of Authorized Person Filing: Ying Wang

Title of authorized signature:

Complete items below if agent signs the application:

Firm Name:

First Name:

Middle Name:

Last Name:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Telephone Number:    Extension:

Fax Number:

E-mail: