

FEDERAL COMMUNICATIONS COMMISSION

Approved by OM
3060-0057

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For
FCC
use
only

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETE

1. Applicant's complete, legal business name

id systems LTD

☐ Check here if this is a change in name and/or address not previously reported (See 47 CFR §2.934)

2. Applicant's mailing address (Line 1)

RUTHERFORD HOUSE

Bureau Use Only

Equipment Code:

Engineer:

Examiner:

Applicant's mailing address (Line 2) (if required)

MANCHESTER SCIENCE PARK

City

MANCHESTER

State or Country (if foreign address)

UNITED KINGDOM

ZIP/Postal Code

M15 6SZ

3. FCC ID:

(a) Grantee Code

O/C/T

(b) Equipment Product Code

(14 characters maximum, show zeros as 0)

OEM-MSR1

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions)

DR IAN BUTLER, TECHNICAL DIRECTOR

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

+44(0)161 232 1000

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

+44(0)161 232 1010

(c) Internet e-mail address:

ianb@idsys.co.uk

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)

FEE TYPE CODE			FEE MULTIPLE				FEE DUE FOR FEE TYPE CODE IN COLUMN (A)		FOR FCC USE ONLY	
(1)	E	G	C	0	0	0	1	\$ 940		

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) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(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. (5) This amount should equal your enclosed remittance.			TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING \$ 940
			FOR FCC USE ONLY

SECTION IV - Enter FCC ID from Page 1, Section I

OCT OEM - MGR1

1. (a) Instead of Applicant, FCC is authorized to mail original Grant to: Firm name, number, street, City, State/Country, ZIP/Postal Code n/a		(See instructions)	
(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: (If 1.(a) is completed, this item must be completed) n/a			
2. (a) Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code TRL EMC LTD MR R. PARRY LONG GREEN, FORTHAMPTON GLOUCESTER GL19 4QH, U.K.		(b) Telephone No. (Area/Country/City code, No. and Ext.) +44(0) 1684 833818 (c) FAX No. (Area/Country/City code and No.) +44(0) 1684 833858	
(d) Internet e-mail address: test@trl-emc.co.uk			
(e) Non-Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code id SYSTEMS LTD DR IAN BUTLER RUTHERFORD HOUSE MANCHESTER SCIENCE PARK MANCHESTER, M15 6SZ, U.K.		(f) Telephone No. (Area/Country/City code, No. and Ext.) +44(0) 161 232 1000 (g) FAX No. (Area/Country/City code and No.) +44(0) 161 232 1010	
(h) Internet e-mail address: ianb@idsys.co.uk			
3. 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's Rules? If "Yes" see instructions.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4. Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR §0.457(d)(1)(ii)? (See instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Type of equipment authorization requested: (check one box only)		<input checked="" type="checkbox"/> Certification <input type="checkbox"/> Type Acceptance <input type="checkbox"/> Notification	
6. (a) Equipment Code and description: (See instructions, page 4) D5R SECURITY DEVICE TRANSCIVER		(b) Equipment will be operated under FCC Rule Part(s): 47 CFR PARTS 15.225 & 15.207 & 15.109 & 15.10	
7. Application is for: (Check one box only)			
<input checked="" type="checkbox"/> 1. Original equipment (See instructions)		<input type="checkbox"/> 2. Change in identification of presently authorized equipment ORIGINAL FCC ID _____ Grant date _____	
<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See instructions)			
8. EQUIPMENT SPECIFICATIONS: (See instructions)			
(a) Frequency range In Mhz 13.56	(b) Rated RF power output +41.9 dBmV/m @ 30m	(c) Frequency tolerance %, 1 Hz, ppm ± 2 kHz	(d) Emission designator (See 47 CFR §2.201 and §2.202) 13K3 K1DAN OR 13K3 M1DAN
(e) Microprocessor model number AT90S8515-8AC			
9. Is the equipment in this application:			
(a) a composite device subject to more than one type of equipment authorization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If either of the above questions is answered "Yes" complete items 10.(a) and (b). (See instructions)			

SECTION IV (continued) - Enter FCC ID from Page 1, Section I **OCT DEM - MSR**

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)

n/a

☐

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:

TRL EMC LTD

(b) Mailing address, number, street, City, State/Country, ZIP/Postal Code

**LONG GREEN
FORTHAMPTON
GLOUCESTER
GL19 4QH
UNITED KINGDOM**

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

+44 (0) 1684 833 818

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

+44 (0) 1684 833 858

(e) Internet e-mail address:

test @ trl-emc.co.uk

12. Number of exhibits submitted with this application:

SECTION V - Read each certification carefully before answering and signing this application.**ALL 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 on 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 heret 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

▲ Date (Month, Day, Year)

▲ Typed/printed name of authorized signer

▲ 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

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LONG GREEN
FORTHAMPTON
GLOUCESTER
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