

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For
FCC
use
onlyApproved by OM
3060-0057

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETE

1. Applicant's complete, legal business name

i d 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:

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

MANCHESTER SCIENCE PARK

Engineer:

City

MANCHESTER

Examiner:

State or Country (if foreign address)

ZIP/Postal Code

3. FCC ID:
(a) Grantee Code

(b) Equipment Product Code

(14 characters maximum, show zeros as 0)

UNITED KINGDOM

M15 6S2

O C T

OEM - MSR 1

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: Ian.b@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 (C) 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		
(1) E	G	C

FEE MULTIPLE			
0	0	0	1

FEE DUE FOR FEE TYPE CODE IN COLUMN (A)			
\$	9	4	0

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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)

FEE TYPE CODE

FEE MULTIPLE

FEE DUE FOR FEE TYPE

CODE IN COLUMN (A)

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0	0	0	1
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\$

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0	0	0	1
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\$

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0	0	0	1
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\$

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Add all amounts shown in column C, lines (1)

TOTAL AMOUNT REMITTED
WITH THIS APPLICATION
OR FILING(5) This amount should equal your enclosed
remittance.

\$ 9 4 0

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

OCT OEM - MSR 1

1.(a) Instead of Applicant, FCC is authorized to mail original Grant to:
 Firm name,
 number, street,
 City, State/Country,
 ZIP/Postal Code

(See instructions)

n/a

(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
(d) Internet e-mail address:	test@trl-emc.co.uk	(c) FAX No. (Area/Country/City code and No.) +44(0) 1684 833858
(e) Non-Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code	i d 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
(h) Internet e-mail address:	ian.b@idsys.co.uk	(g) FAX No. (Area/Country/City code and No.) +44(0) 161 232 1010

3. Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR §0.458 of the Commission's Rules? If "Yes" see instructions. Yes 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) Yes No

5. Type of equipment authorization requested: (Check one box only) Certification Type Acceptance Notification

6.(a) Equipment Code and description: (See instructions, page 4)	(b) Equipment will be operated under FCC Rule Part(s): 47 CFR PARTS 15.225 & 15.207 & 15.109 & 15.10
<input checked="" type="checkbox"/> DSR SECURITY DEVICE TRANSCEIVER	

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	<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See instructions)
	ORIGINAL FCC ID		Grant date

3. EQUIPMENT SPECIFICATIONS: (See instructions)				
(a) Frequency range In MHz	(b) Rated RF power output	(c) Frequency tolerance %, 1Hz, ppm	(d) Emission designator (See 47 CFR §2.201 and §2.202)	(e) Microprocessor model number
13.56	+41.9 dBmV/m @ 30m	± 2 kHz	13K3 K1DAN OR 13K3 M1DAN	AT90S8515-8AC

9. Is the equipment in this application:

(a) a composite device subject to more than one type of equipment authorization? Yes No

(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? Yes 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 OEM - 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
FORTHEAMPTON
GLOUCESTER
GL 19 4QH
UNITED KINGDOM

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

+44 (0) 1684 833818

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

+44 (0) 1684 833858

(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.

INTULF 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 Feder I 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 convict 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

TRL EMC LTD
LONG GREEN
FORTHEAMPTON
GLOUCESTER

GL 19 4QH, U.K.

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

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