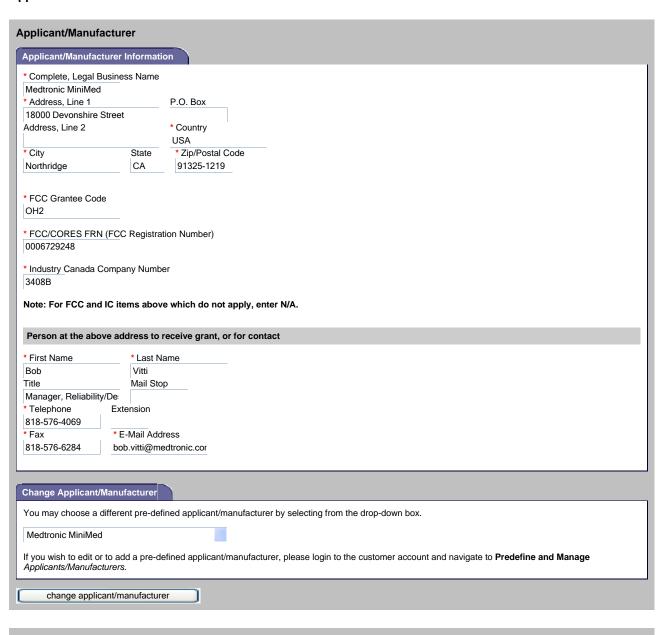
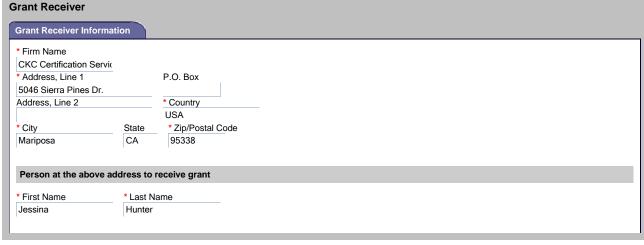
### Application E09-000029-FCC is listed below.

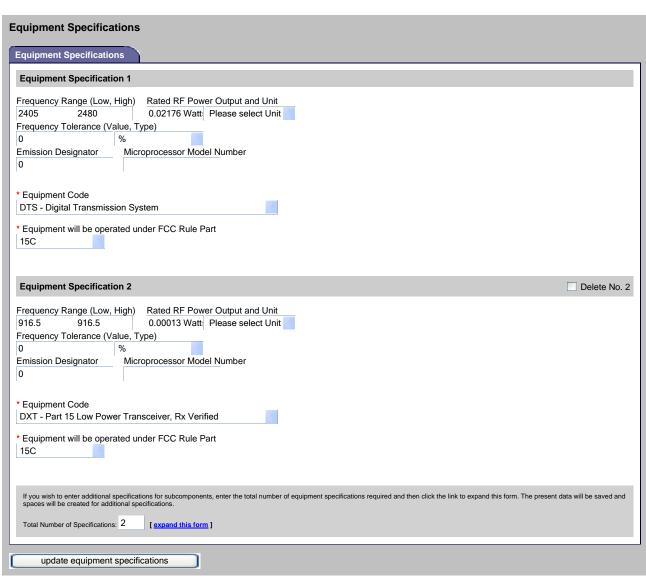




Title	Mail Stop
CKC CS Acting Age	ent ent
* Telephone	Extension
209-966-5240	2234
Fax	* E-Mail Address
866-779-9776	TCBAdmin@ckccertifica
Change Grant Rec	eiver
You may choose a	different pre-defined grant receiver by selecting from the drop-down box.
Hunter, Jessina Ch	KC Certification Services, LLC
If you wish to edit of	r to add a pre-defined grant receiver, please login to the customer account and navigate to <b>Predefine and Manage</b> Grant Receivers.
change grant re	ceiver

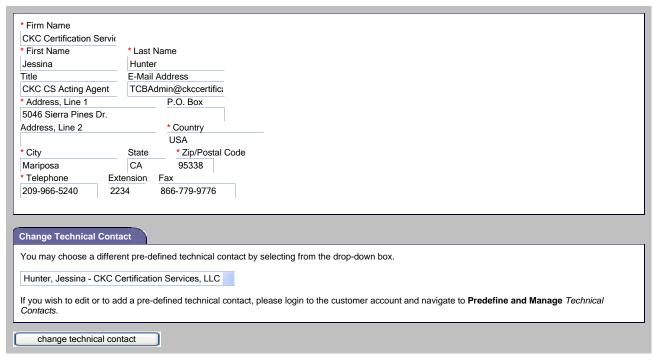
# **Application Information** Application Information \* Application is for A. Original Equipment B. Class II permissive change or modification of presently authorized equipment If A. or B. is checked, please enter the equipment product code portion of the FCC ID. Grantee Code Equipment Product Code + 9102 FCC ID = C. Change in identification of presently authorized equipment \* 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 (d)(l)(ii)? Yes ○ No \* Does this application include a request to defer granting of this application pursuant to 47 CFR §0.459 (d)(I)(ii)? If Yes, please specify the date when grant may be issued: \* Was SAR testing performed? Yes No The answers to the following questions may require that you enter the FCC ID for a related application at the bottom of this section. \* Is the equipment in this application a composite device subject to more than one type of equipment authorization? No Yes If Yes, is this for multiple transmitters within the same device? \* 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 Yes If an FCC ID for a related application is required, you will be prompted to enter it here: OH29101 The related application: • Has been filed at the same time as this application under the FCC ID above Was granted under the FCC ID above Is in the process of being filed under the FCC ID above

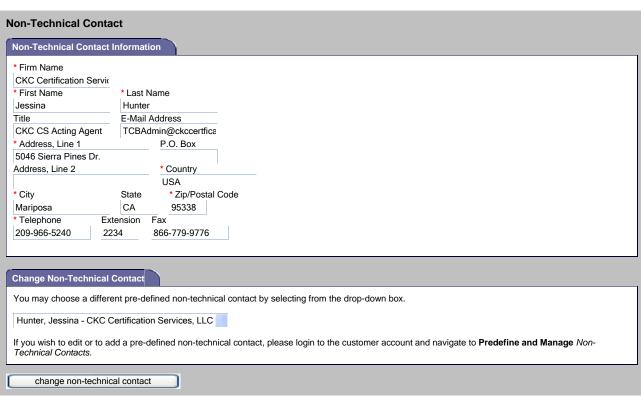
○ Is pending with the FCC under the FCC ID above
update application information
Equipment Information
Equipment Information
* Description of Product My Sentry Outpost
(Max 50 characters)
update equipment information



### **Technical Contact**

Technical Contact Information





# Test Firm Information (onfile) \* Firm Name CKC Laboratories, Inc. \* Address, Line 1 P.O. Box 5046 Sierra Pines Drive N/A

Address, Line 2		* Country
N/A		USA
* City	* State	* Zip/Postal Code
Mariposa	CA	95338
Contact Person at the	above add	iress
Marian and a standard from		The instruction of the contest information disclosed by the different formation of the contest o
		e on file in the CKC CS database, the contact information displayed here may be different from what you entered. For a ation entered, please refer to the printable FCC format.
* First Name	* Last Na	ame
Steve	Behm	
Mail Stop		
	xtension	
	I/A	
	-Mail Addres	
866-779-9776 s	teve.behm@	Ockc.com
✓ For FCC		
_		
For Industry Canada	a	
Change Test Firm and	Contact	
You may choose a differ	rent on-file o	or pre-defined test firm by selecting from the drop-down boxes.
On file in the CKC CS	database:	CKC Laboratories, Inc Mariposa, Mariposa
Pre-defined for Custor	ner Accoun	t: Please select a test firm
If you wish to edit or to a	add an on file	e test firm, please navigate to the CKC CS Main page and Manage Onfile Test Firms.
•		
If you wish to edit or to a	add a pre-de	fined test firm, please login to the customer account and navigate to <b>Predefine and Manage</b> Test Firms.
Test Firm Contact Info NOTE: This information		for both options
* Contact Person's First	Name *C	Contact Person's Last Name
Mike		ilkinson
	xtension	inition —
The state of the s	234	
	-Mail Addres	
The state of the s	nwilkinson@	
800-779-9770	iwiikiiisoii@	CCC.COIII
Accreditation Agency		If other, enter facility
A2LA		
* ISO Guide 17025, or e	quivalent 🬘	Yes No
Certificate Number	Certificat	te Expiration
0803.01	03-31-20	009
	•	
change test firm ar	nd contact	
ection 5301 Certificatio	on	
Section 5301 (Anti-D	Orug Abus	se) Certification:
		the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits,
		Drug Ábuse Act of 1988, 21 U.S.C. § 862 because of a conviction for possession or distribution of a controlled substance. on of a "party" for these purposes.

## Applicant/Agent Certification

## 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.

By checking this box, the applicant agrees to the terms and conditions set forth in the CKC CS General Agreement for certification under each entity under which certification is sought. Applicant acknowledges that they understand and agree to comply with the terms and conditions of the CKC CS General Agreement. By signing this form, the user acknowledges that they are signing on behalf of the applicant requesting certification, and the user has legal authority to sign on behalf of the applicant. User also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant if so requested.

For Agents: By signing this form as an agent on behalf of an applicant, the user acknowledges that they have been legally delegated the authority to act on behalf of the applicant and that the applicant has been provided with a copy of all terms and conditions pursuant to certification under the requested entities. Agent also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant.

#### \* I Certify and Agree with the Terms and Conditions

Hunter

E-Mail Address

TCBAdmin@ckccertifica

Extension

2234

Jessina

Fax

Telephone

209-966-5240

866-779-9776

Signature and Contact Information of Authorized Person Filing

First Name	Last Na	me
Jessina	Hunter	
Title		
CKC CS Acting Ager	nt	
Telephone	Extension	
209-966-5240	2234	
E-Mail Address	Fax	_
TCBAdmin@ckccert	ifica 866-779	9-9776
0		! (b
Complete the items	s below it an a	agent signs the app
Firm Name		
CKC Certification Se	rvices. LLC	
Address, Line 1		P.O. Box
5046 Sierra Pines Di	r.	
Address, Line 2		Country
		USA
City	State	Zip/Postal Code
Mariposa	CA	95338