

FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731 APPLICATION FOR EQUIPMENT AUTHORIZATION		Approved by OMB 3060 - 0934 Expires 02/28/2005
Item 1. Applicant's complete, legal business name: Carlson Wireless Technologies, Inc.		
Item 2. Applicant's mailing address Line 1: 1180-B Evergreen Rd. City: Redway State: California Country (if foreign address): USA <div style="text-align: right;">Zip/Postal Code: 95560</div>		
Item 3. FCC ID: OPA-TB24-58 Grantee code: OPA Equipment Product Code (14 characters maximum): - TB24-58		
Item 4. Person at the applicant's address to receive grant or for contact: First Name: James Last Name: Carlson Title: CEO and President Telephone: +1-707-923-3000 Fax No: +1-707-923-1913 E-mail: jcarlson@carlsonwireless.com		
Item 5. Instead of Applicant, the original Grant is authorized to be mailed to: N/A		
Item 6. Technical Contact: Firm Name: Carlson Wireless Technologies, Inc. Telephone: +1-707-923-3000 Fax No: +1-707-923-1913 First Name: James Middle Initial: R Last Name: Carlson Address Line 1: 1180-B Evergreen Rd. City: Redway, CA Country (if foreign address): USA <div style="text-align: right;">Zip/Postal Code: 95560</div> E-mail: jcarlson@carlsonwireless.com		
Item 7. Non-Technical Contact: Firm Name: Carlson Wireless Technologies, Inc. First Name: James Last Name: Carlson Telephone: +1-707-923-3000 Fax No: +1-707-923-1913 Address Line 1: 1180-B Evergreen Rd. City: Redway, CA Country (if foreign address): USA <div style="text-align: right;">Zip/Postal Code: 95560</div> E-mail: jcarlson@carlsonwireless.com		
Item 8. * 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? If "Yes" see instructions.		(please mark as appropriate) <input checked="" type="radio"/> Yes <input type="radio"/> No
Item 9. Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)? (See instructions) If so, specify date when grant may be issued (MM/DD/YYYY format): N/A		
Item 10. * Equipment Class: DSS * Description of Product as it is Marketed: Network Transmission Equipment (NOTE: This text will appear below the equipment class on the grant)		

Item 11. * Application is for: (please mark as appropriate)

T Original Equipment (See instructions)

O Change in identification of presently authorized equipment: Original FCC ID:
Grant Date (MM/DD/YYYY format):

O Class II permissive change or modification of presently authorized equipment (See instructions)