	For BACL Use Only			
Bay Area Compliance Laboratory,	Job			
Corp.	Number			
*	Scope			
TCB Application Form 731	Date Filed			
	Conf.#			
	Grant Note			

Itom 1 Applicant's complete local Names Intensil Compagation										
Item 1. Applicant's complete, legal Name: Intersil Corporation										
Applicant's ECC Designation Number (EDN), 0005-7021-04										
Applicant's FCC Registration Number (FRN): 0005-7931-04										
Item 2. Applicant's mail	ing address									
Line 1: 2401 Palm Bay R										
Line 2:										
P.O. Box:										
City: Palm Bay										
State:		Country	if foreign	address):		Zip/Post	al Code	:	
Florida		USA	` 8	32901			_			
Item 3. FCC ID	Grantee Cod	le			EUT	Cod	e (14 cha	racters 1	maximum):	
Consisting of:					377	04C				
Item 4. Person to receive	e grant: this is	s the APPI	ICANT'	s contact	person	n, NO	T the Te	st Lab's	1	
First Name: Derick				Mail St	op: Re	mbra	ndtlaan 1	la, 3723	BG	
				Bilthov	en, The	e Neth	nerlands			
Last Name: Sariredjo				Teleph	one: +3	31 30	225 9742	2		
Title: Regulatory Engine	eer			Fax No	.: +31	30 22	9 6061			
Email: derick.sariredjo	@intersil.com									
Item 5. Test Firm Contac	ct(if different t	han applic	ant):							
Firm Name:				Telephone:		Ext. Fax		Fax No	x No.	
TNO Electronic Produc	ts & Services		+31 594 50 5005			+31 59		+31 59	94 50 4804	
(EPS) B.V.										
First Name: Pieter				Middle Initial: A.J.M.			Last Name: Robben			
Address Line 1: Smidsh	ornerweg 18						P.O. Bo	ox:		
Address Line 2:			Cit				State:			
Country (if foreign address): The Netherlands				Zip/Postal Code: 9822				22TL		
Email: robben@eps.tno.r										
Item 6a. Name of Test Fi						_				
TNO Electronic Produc									T	
Item 6b. (if applicant is for Part 15 or 18 then FCC Registered Test Site number is 90828										
Required)										
Item 7. Non-Technical Contact if Different: same as item 4										
Firm Name:			Telepho	one:		Ext.	:	Fax No	D.:	
First Name: Mid			Middle	Middle Initial:			Last Name:			
Address Line 1:										
Address Line 2:										
Address Line 2:			Cit	v:			State:			
Country (if foreign address): Zip/Postal Code:										
Email:										
Item 8. * Does this applicant include a request for confidentiality for any portion(s) [X] Yes [] No										
of the data contained in this application pursuant to 47 CFR 0.459 of the										
Commission Rules?										

				Description of Product as it is marketed: 5GHz Low power Cardbus WLAN Card					
Item 10. * Application is for:						ubus WLAIN	Caru		
	Application is it nal Equipment	л.							
		n of presently autho	rized equin	ment.					
[] Change	in identification	Original FCC ID	rizeu equipi		e (MM/DD/	VVVV)			
		Original FCC ID		Grant Dat	c (MIMIDD)	1111)			
		nge or modification	of presently	y authorized	equipment				
Item 11. Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization? [] Yes [X] No									
* (a) a com	posite device su	bject to an addition	al equipmen	t authorizat	ion?	[] Yes	[X] No		
					_				
		operates with, or is i	marked with	ı, another de	evice				
that requir	es an equipmen	t authorization?				[] Yes	[X] No		
		tions is answered "	Yes" comple	ete section 1	l (c).				
	ated application					FCC ID			
		r the FCC ID listed							
	-	g filed under the Fo		0	ţ				
		C under the FCC ID							
* Equipment will be operated under FCC Rule Part(s): 15.247									
	•	ECIFICATIONS: w					1		
_	ncy range in	Rated RF	_	uency		Emission			
l I	MHz	power output		ance		gnator	Microprocessor		
		In Watts	pr	om	`	CFR 2.201 2.202)	model number		
5150	5250	0.0489) W9D			
5250	5350	0.0524) W9D			
3230	3330	0.0321			20171	, 11,7 D			
Dend									
		refully before answ				ZEDJE AND	/OD		
WILLFUL 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. TITLE 47, SECTION 503)									
	1			C. Prost					
Item 13. 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 this a	pplicant or autl	norized agent so cer	tifv?[X]Y	es [] No					

Item 14. 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 TCB, under the Authority of 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 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 at any time.

request, and that the FCC reserves the right to con-	tact the applic	cant at	any time.			
* Signature of Authorized Applicant:		1	Ver-			
Title of Authorized Signature: Derick Sariredjo, l	Regulatory er	nginee	r, Intersil Co	rp.		
Complete items below if an agent signs the applica	tion					
Firm Name:	Telephone:			Ext.	Fax No.:	
First Name:	Middle Initial:			Last Name:		
Address Line 1:			P.O. Box:			
Address Line 2:						
City:	State:	Country (if foreign address)			Zip/Postal Code:	
NOTE: An asterisk '*' prec	eding a field i	ndicat	es it must be	completed	<u> </u>	