

# Timco Engineering, Inc.

## TCB Application Form 731

Rev 21 March 09

For Timco Use Only	
Job Number	208AUT13
Scope	
Date Filed	
Conf. #	
Grant Note	

Shaded areas are **REQUIRED**

**Item 1. Applicant's complete, legal business name:**

REDLINE COMMUNICATIONS, INC.

**Applicant's FCC Registration Number (FRN): 0007-0285-33**

**Item 2. Applicant's mailing address:** *fill in fields, as appropriate*

**Line 1:** 302 TOWN CENTRE BLVD.

**Line 2:** SUITE 100

**P.O. Box:**

**City:** MARKHAM

**State:**  
ONTARIO

**Country (if foreign address):**  
CANADA

**Zip/Postal Code:**  
L3R 0E8

**KDB Tracking #:**

**Item 3. Applicant Contact Person:**

*Must be the same as the FCC Grantee Contact listed in the FCC database. The Name in the FCC Database will be on the Certification.*  
<https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm>

**First Name:** ROD

**Last Name:** CRONIN

**Title:** DIRECTOR, PRODUCT  
MANAGEMENT

**Telephone:** 905-479-8344 X2377

**E-mail:** rcronin@redlinecommunications.com

**Fax No.:** 905-479-5331

<b>Item 4. FCC ID</b> consisting of:	<b>Grantee Code:</b> QC8	<b>Equipment Product Code (14 characters maximum):</b> -RDL3000RMF <i>include "dashes" (-) where appropriate</i>
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**Item 5. Application Contact:** **All questions regarding the application will be directed to this contact. The Original Grant and Invoice will be sent to this contact.**

**Firm Name:**  
REDLINE COMMUNICATIONS, INC.

**Telephone:**  
905-479-8344  
X2377

**Ext.:**

**Fax No.:**  
905-479-5331

**First Name:** ROD

**Middle Initial:**

**Last Name:** CRONIN

**Address Line 1:** 302 TOWN CENTRE BLVD.

**P.O. Box:**

**Address Line 2:** SUITE 100

**City:** MARKHAM

**State:** ONTARIO

**Country (if foreign address):** CANADA

**Zip/Postal Code:** L3R 0E8

**E-mail:** rcronin@redlinecommunications.com

**Item 6. Test Firm Used to Take Measurements:**

**Firm Name:**  
TIMCO ENGINEERING, INC.

**Telephone:**  
888 4722424

**Ext.:**

**Fax No.:**  
352 472 2030

**First Name:** Sid

**Middle Initial:**

**Last Name:** Sanders

**Address Line 1:** 849 NW SR 45

**P.O. Box:**

**Address Line 2:** PO Box 370

**City:** Newberry

**State:** Florida

**Country (if foreign address):** USA

**Zip/Postal Code:** 32669

**E-mail:** info@timcoengr.com

**FCC Registered Test Site Number.** *Required for Part 15 and 18 applications.*

**Item 7.**

\* Does this application include a request for **SHORT-TERM** confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004?

\* 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?

SHORT-TERM request:

Yes  No

PERMANENT request:

Yes  No

**Item 8.** \*Is this application for modular approval?  Yes  No

**Modular Type:** *(only complete if you answered Yes to Item 8)*

Single Modular Approval

Split Modular Approval

Limited Single Modular Approval

Limited Split Modular Approval

**Item 9.** \*Is this application for software defined radio authorization?  Yes  No

**Item 10.** Equipment Class: WGF

Enter a brief description of the product being marketed.  
White Space Device with Geo-location - Fixed

**Item 11. \*Application is for:**

Original Equipment

Change in identification of presently authorized equipment:

Original FCC ID

Grant Date (MM/DD/YYYY)

Class II permissive change or modification of presently authorized equipment

Class III permissive change to software defined radio

*Note: this may only be filed for applications pertaining to Software Defined Radio*

**Item 12. Is the equipment in this application:**

\* (a) a composite device subject to an additional 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 section 12 (c).*

**(c) The related application:**

has been granted under the FCC ID(s) listed to the right

is in the process of being filed under the FCC ID(s) listed to the right

is pending with the FCC under the FCC ID(s) listed to the right

has a mix of pending and granted statuses under the FCC ID(s) listed to the right

i. FCC ID:  
ii. FCC ID:  
iii. FCC ID:  
iv. FCC ID:

**Item 13. \* Equipment will be operated under FCC Rule Part(s): 15H**

**Item 14. EQUIPMENT SPECIFICATIONS:** *Where applicable*

Frequency range in MHz		Rated RF power output <b>IN WATTS</b>	Frequency tolerance		Emission Designator (See 47 CFR 2.201 and 2.202)	FCC Rule Part (for Multiple Rules)	Grant Notes (Example-CC, MO)
Low Freq	High Freq		%, Hz, ppm				
473.00	599.00	0.124					MO
623.00	695.00	0.124					MO

**Equipment Authorization Waiver \***

Is there an equipment authorization waiver associated with this application?

Yes  No

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded?

Yes  No

**(Continued on Next Page)**

**Read each certification carefully before answering and signing this application**

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).

**Item 15. 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 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.

**If different from Applicant's contact (Item 3) you must supply a Letter of Authorization. This authorization letter must be signed by the applicant / grantee (Item 3). The authorization letter MUST name the person that they are authorizing to sign on their behalf.**



**\*Signature of Authorized Applicant:**

**\* Name & Title of Authorized Signature:** Sushant Kadimdivan, Engineer

**\*Company Name of Person Signing Application:** Timco Engineering, Inc.

**NOTE: An asterisk "\*" preceding a field indicates it must be completed.**

