

**TÜV SÜD PSB PTE LTD**  
**FCC CERTIFICATION**  
**TELECOMMUNICATIONS CERTIFICATION BODY FOR FCC**  
**TCB APPLICATION FORM 731**



PSB Singapore

<b>Item 1. Applicant Information</b>			
Applicant's complete, legal business name: ADDVALUE INNOVATION PTE LTD			
Applicant's FCC Registration Number (FRN): 0022117204			
<b>Item 2. Applicant's mailing address</b>			
Line 1: 8 Tai Seng Link, Level 5 (WING 2)			
Line 2:			
P.O. Box:			
City:			
State:		Country : Singapore	Zip Code:534158
<b>Item 3. Applicant Contact Person</b>			
First Name: Prabakar		Last Name: Kuttaniseeri	
Title: Manager - Quality Management		Telephone: +65 65095721	
E-mail: prabakar.k@addvalue.com.sg		Fax No.: +65 6509 5701	
<b>Item 4. FCC ID</b>			
Grantee Code (3 or 5 digit code): QO4		Equipment Product Code (maximum 14 characters): -AVIATLASIP	
<b>Item 5. Application Contact, if different from Applicant</b>			
Firm Name: ADDVALUE INNOVATION PTE LTD		Telephone: +65 6509 5721	Ext.: Fax No.: +65 6509 5701
First Name: Prabakar		Middle Initial:	Last Name: Kuttaniseeri
Address Line 1: 8 Tai Seng Link, Level 5 (WING 2)			P.O. Box:
Address Line 2:		City:	State:
Country: Singapore			Zip/Postal Code: 534158
E-mail: prabakar.k@addvalue.com.sg			
<b>Item 6. Test Firm Used to Take Measurements</b>			
Firm Name: TÜV SÜD PSB Pte Ltd		Telephone: +65 6885 1459	Ext.: Fax No.:
First Name: Lim Cher Hwee		Middle Initial:	Last Name:
Address Line 1: 1 Science Park Drive, #B2-68C			P.O. Box:
Address Line 2:		City: Singapore	State:
Country: Singapore			Zip Code: 118221
E-mail: cher-hwee.lim@tuv-sud-psb.sg			
FCC Registered Test Site Number : 99142, 160581			
<b>Item 7. Confidentiality</b>			
* 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?			PERMANENT request: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
* 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?			SHORT-TERM request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>Item 8. *Is this application for modular approval?</b> <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Single Modular Approval <input checked="" type="checkbox"/> Not applicable <i>Note: Please submit a cover letter addressing the modular approval requirements of DA 00-1407 if this is a modular application.</i>						
<b>Item 9. *Is this application for software defined radio authorization?</b>					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Item 10. Equipment Class:</b> TNB, DTS			<b>Description of Product as it is marketed:</b> Maritime Satellite Terminal			
<b>Item 11. *Application is for:</b> <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Change in identification of presently authorized equipment: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Original FCC ID</span> <span>Grant Date (MM/DD/YYYY)</span> </div> <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio <i>Note: this may only be filed for applications pertaining to Software Defined Radio</i>						
<b>Item 12. Is the equipment in this application:</b> * (a) a composite device subject to an additional equipment authorization?  * (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?  <i>If either of the above questions is answered "Yes" complete section 12 (c).</i>					<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <span><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</span> </div>	
<b>(c) The related application:</b> <input type="checkbox"/> has been granted under the FCC ID listed to the right <input checked="" type="checkbox"/> is in the process of being filed under the FCC ID listed to the right <input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right					<b>FCC ID</b> QO4-AVIATLASIP	
<b>Item 13. * Equipment will be operated under FCC Rule Part(s): 15C, 25</b>						
<b>Item 14. Equipment Specifications:</b>						
Frequency range in MHz		Rated RF power output <b>IN WATTS</b>	Frequency tolerance  %, Hz, ppm		Emission Designator <small>(See 47 CFR 2.201 and 2.202)</small>	Microprocessor model number
Low Freq	High Freq					
1626.5 MHz	1660.5 MHz	10.9 EIRP		5ppm	27K5G1D 137KH1D	S3C2410 -Samsung
2402 MHz	2462 MHz	0.1524 Conducted				

**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.

**\*Signature of Authorized Applicant:**



**\*Name & Title of Authorized Signature:**

**PRABAKAR KUTTANISEERI**  
**Manager – Quality Management**

**\*Complete items below if agent signs the application**

Firm Name:

First Name:

Middle Name:

Last Name:

Line 1:

Line 2:

P.O.Box:

City:

State:

Country:

Zip Code:

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

