

TCB APPLICATION FORM 731

Rev1.9 2008-11-14 DE

 To be completed by Eurofins Product Service GmbH
 Order Number: **G0M20810-2039**

Item 1. Applicant's complete, legal business name: BIOTRONIK SE & Co. KG
 Applicant's FCC Registration Number (FRN): 0008008591

Item 2. Address Line 1: Woermannkehre 1
 Address Line 2:
 P.O. Box 470255 City: Berlin
 State n/a Zip/Postal Code: 12359 Country: Germany

Item 3. FCC ID Grantee Code: QRI EPC (Equipment Product Code, max. 14 characters): PRIMUS

Item 4. TCB Contact Information: n/a
 All questions regarding the application will be directed to this contact.
 The original grant and invoice will be sent to this contact.

Item 5. TCB Scope:

- A1: Unlicensed Radio Frequency Devices - Low power transmitters operating on frequencies below 1 GHz
- A2: Unlicensed Radio Frequency Devices - Low power transmitters operating on frequencies above 1 GHz, with the exception of spread spectrum devices.
- A3: Unlicensed Radio Frequency Devices - Unlicensed Personal Communication System (PCS) devices
- A4: Unlicensed National Information Infrastructure (UNII) devices and low power transmitters using spread spectrum techniques
- B1: Licensed Radio Service Equipment - Personal Mobile Radio Services in 47 CFR Parts 22 (cellular), 24, 25, 26, and 27
- B2: Licensed Radio Service Equipment -General Mobile Radio Services in the following 47 CFR Parts 22 (non-cellular), 74, 90, 95 and 97
- B3: Licensed Radio Service Equipment -Maritime and Aviation Radio Services in 47 CFR Parts 80 and 87
- B4: Licensed Radio Service Equipment -Microwave Radio Services in 47 CFR Parts 21, 74 and 101
- C1: Telephone Terminal Equipment (47 CFR Part 68)

Item 5. Person at the applicant's address to receive grant or for contact:

First Name: Gunnar Middle Initials: Last Name: Boersch
 Title: Team Manager Regulatory Affairs Mail Stop:
 Phone: +49-30-68905 EXT: - 1213 Fax: +49-30-68905-1921
 E-mail: gunnar.boersch@biotronik.com

Item 6. Technical Contact:

Company Name: Micro Systems Engineering, Inc
 First Name: Paul Middle Initials: Last Name: Stadnik
 Address Line 1 6024 SW Jean Rd.
 Address Line 2:
 P.O. Box City: Lake Oswego
 State: Oregon Zip/Postal Code: 97035 Country: USA
 Phone: (503) 635-4016 x1011 Fax: (503) 635-9610
 E-mail: paul.stadnik@biotronik.com

Item 7. Non-Technical Contact:

Company Name: Biotronik USA, Inc.
 First Name: Jim Middle Initials: Last Name: Horton
 Address Line 1 6024 SW Jean Rd.
 Address Line 2:
 P.O. Box City: Lake Oswego
 State: Oregon Zip/Postal Code: 97035 Country: USA
 Phone: (503) 635-4016 x2640 Fax:
 E-mail: jim.horton@biotronikusa.com

Item 8. Confidentiality Request:

(a) 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? Yes No

(b) Does short-term confidentiality apply to this application? Yes No
 If yes, specify the short-term confidentiality release date: MM/DD/YYYY

Item 9. Related OET KnowledgeDataBase (KDB) Inquiry:

Is there a KDB inquiry associated with this application? Yes No
 If so, enter the inquiry tracking number:

Item 10. Modular Approval:

Is this application for modular approval? If "Yes", please submit a cover letter addressing the modular approval requirements of DA 00-1407. Yes No
 Modular Type: Please chose:

Item 11. Software Defined Radio Authorization:

Is this application for software defined radio authorization? Yes No

Item 12. Equipment Class: TNT

Description of product as it is marketed: PRIMUS (aka EVIA or ENTOVIS) family of implantable pacemakers
 (Note: This text will appear below the equipment class on the grant):

Item 13. Application Purpose: 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

Item 14. Composite / Related Equipment:

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", please complete section 13(c).
 (c) The related application: FCC ID(s):

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) to the right:

Item 15. Test Firm Information:

Name of test firm and contact person on file with the FCC, if different from applicant or contact person:

Company Name: Eurofins Product Service GmbH	Contact Name: Jens Zimmermann
Address: Storkower Str. 38c	City: Reichenwalde
State:	Zip Code: 15526
Phone: +49 33631 888-200	Country: Germany
Fax: +49 33631 888-640	E-Mail: jenszimmermann@eurofins.de

FCC Registered Test Site Number (required for part 15 and 18 applications): 96970

Item 16. Grant Comments:

Note: Text will appear at the bottom of the Grant of Equipment Authorization.

Item 17. Equipment Specifications:		Frequency range in MHz	Rated RF power output IN WATTS	Frequency tolerance %, Hz, ppm	Emission Designator (See 47 CFR 2.201 and 2.202)	Microprocessor Model Number	FCC Rule Part	Grant Notes
		402	1.4E-7	1.95	182KF1D		951	IT
		405		ppm				

For submission of further line items, please attach a separate equipment specifications chart.

Item 18. Equipment Authorization Waiver:

Is there an equipment authorization waiver associated with this application? Yes No

If yes, has the associated waiver been approved and all information uploaded? Yes No

Read each certification carefully before answering and signing this application
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND 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. CODE, TITLE 47, SECTION 503).

Item 19. 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 the applicant or authorized agent so certify? Yes No

Item 20. 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 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: 

Title of authorized signature: Jens Zimmermann, Head of EIC & Radio Lab

Complete items below if an agent signs the application

Company Name: _____

First Name: _____ Middle Initials: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

P.O. Box: _____ City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Note: This form must be completed and provided with the submission.