

APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's complete, legal business name	Juniper Networks, Inc.		
Applicant's FCC Registration Number (FRN)	0008645913		
Need FRN? (y/n)	<input type="checkbox"/> Request for Grantee Code *		
FCC ID: (Grantee + Applicant Code)	QZEWLA321	17 characters maximum	
Address line 1			
Address line 2			
City	Sunnyvale	Zip/ Postal Code	94089
State	CA	P.O. Box	
Country	USA	Phone	408-745-2000
First Name	Agnes	Fax	408-745-2100
Middle Name		Email	agnesfu@juniper.net
Last Name	Fu	Mail Stop	
Title	Compliance Engineer		

* Request for Grantee Code requires completion of Section One. If Applicant does not have FCC Grantee Code, additional costs may apply.

Section: Two

Instead of Applicant, the original Grant is authorized to be mailed to (All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.)			
Technical Contact			
Company Name	Juniper Networks, Inc.		
Address	1194 North Mathilda Ave.		
City	Sunnyvale	Zip/ Postal Code	94089
State	CA	P.O. Box	
Country	USA	Phone	408-745-2000
Contact Person	Agnes	Fax	408-745-2100
Title	Compliance Engineer	Email	agnesfu@juniper.net
Non - Technical Contact			
Company Name	Juniper Networks, Inc.		
Address	1194 North Mathilda Ave.		
City	Sunnyvale	Zip/ Postal Code	94089
State	CA	P.O. Box	
Country	USA	Phone	408-745-2000
Contact Person	Agnes	Fax	408-745-2100
Title	Compliance Engineer	Email	agnesfu@juniper.net

Section: Three

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does this application include a request for Short Term Confidentiality (STC)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this application for Software Defined Radio (SDR) authorization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a PBA associated with this Application? Please specify KDB number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant request a deferred Grant Date? If so, specify date when Grant should be issued (MM/DD/YYYY): _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Is this a Modular or Limited Modular Certification?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Modular Type: <i>(please complete if you answered "Yes" above)</i> <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Single Modular Approval <input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Split Limited Modular Approval	

Description of product as it is marketed <i>(note: this text will appear below the equipment class on the grant)</i>	WLA321 Wireless LAN Access Point
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Application for <input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID: _____ Original Grant Date (MM/DD/YYYY): _____ <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>
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Equipment Specifications						
The equipment will be operated under FCC Rule Part(s)				UNII		
Frequency range in MHz		Rated RF power output <i>IN WATTS</i>	Frequency tolerance (%, Hz, ppm)		Emission Designator <i>(NOT applicable to any Part 15 devices)</i>	FCC Equipment Code <i>(example: DTS, DSS, PCE, JBP, etc)</i>
5180	5240	0.048	<input type="checkbox"/>	<input type="checkbox"/>	18M0D1D	<input type="checkbox"/>
5190	5230	0.049	<input type="checkbox"/>	<input type="checkbox"/>	36M5D1D	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If additional Equipment Specifications required, please use separate page

Is the equipment in this application?	
(a) a composite device subject to an additional equipment authorization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If either of the above questions is answered "Yes" please complete the following statement	
(c) The related application checked above is (Check one box only)	
<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	FCC ID: <u>QZEWLA321</u>

Section: Four

Name of Test Firm and contact person on file with the FCC, if different from applicant or contact person			
Company name	MiCOM Labs, Inc.		
Address	440 Boulder Court, Suite 200		
City	Pleasanton	Zip Postal Code	94566
State	CA	P.O. Box	
Country	USA	Phone	925-462-0304
Contact Person		Fax	
Email			
FCC Registered Test Site Number (required for part 15 and 18 applications)			

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. CODE, TITLE 47, SECTION 503).	
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	
<i>Does the applicant or authorized agent so certify?</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 MiCOM Labs Certification 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 MiCOM Labs Certification or the FCC upon request, and that MiCOM Labs Certification or FCC reserves the right to contact the applicant directly at any time.			
Original written signature of authorized signer		Date (Month, Day, Year)	03/23/12
Typed/printed name of authorized signer	Agnes Fu	Title of authorized signer	Compliance Engineer
Complete items below if an agent signs the application			
Firm name			
Address			
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	
Contact Person		Fax	
Title		Email	