TCB Application Form 731

Rev 01 Mar 02

Item 1. Applicant's complete, legal business name:
SUNGIL TELECOM CO., LTD.
Applicant's FCC Registration Number (FRN): 0010732899

Item 2. Applicant's mailing address: *fill in fields, as appropriate*
Line 1: Roadland EZ Tower #511, 513, Gumi-dong,Bundang-Gu,
Line 2: **Kyunggi-Do**
P.O. Box:
City: Sungnam City

State:	Country (if foreign address): **KOREA**	Zip/Postal Code: **463-500**

Item 3. FCC ID consisting of:	Grantee Code: **R2N**	Equipment Product Code (14 characters maximum): **SGP-1036***include "dashes" (-) where appropriate*

Item 4. Person to receive grant: *this is the APPLICANT'S contact person, NOT the Test Lab's*	
First Name: Woo Won	**Mail Stop:**
Last Name: Choung	**Telephone:** +82-31-714-0038
Title: SENIOR ENGINEER	**Fax No.:** +82-31-714-9888
E-mail: wwchoung@sungiltel.com	

Item 5. Test Firm Contact (if different from applicant): *fill in fields, as appropriate*			
Firm Name: Digital EMC Co., Ltd	**Telephone:** +82-31-321-2664	**Ext:**	**Fax: No.:** +82-31-321-1664
First Name:HARVEY	**Middle Initial:**	**Last Name:**SUNG	
Address Line 1:683-3, Yubang-Dong		**P.O. Box**:	
Address Line 2:	**City:**Yongin-Si		**State:**Kyunggi-Do
Country (if foreign address):KOREA	**Zip/Postal Code:**449-080		
E-mail:harveysung@digitalemc.com			

Item 6a. Name of Test Firm and Contact Person on file with the FCC: DIGITAL EMC CO., LTD.	
Item 6b. FCC Registered Test Site Number. *Required for Part 15 and 18 applications.*	101842

Item 7. Non-Technical Contact if Different:			
Firm Name: Digital EMC Co.,Ltd.	**Telephone:** +82-31-321-2664	**Ext.:**	**Fax No.:** +82-31-321-1664
First Name: Harvey	**Middle Initial:**	**Last Name:**Sung	
Address Line 1:683-3, Yubang-Dong		**P.O. Box:**	
Address Line 2:	**City:**Yongin-Si		**State:**Kyunggi-Do
Country (if foreign address):KOREA	**Zip/Postal Code:**449-080		
E-mail:harveysung@digitalemc.com			

Item 8. * 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

**Item 9. ***Is this application for modular approval? ☐ Yes ☒ No *If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407.*
**Item 10. ***Is this application for software defined radio authorization? ☐ Yes ☒ No

Item 11. Equipment Class: *3-digits required* TNB	Description of Product as it is marketed: GSM850 / PCS1900 Dual Band Terminal Equipment

Item 12. *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 13. Is the equipment in this application:	FCC ID
* **(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:	**FCC ID**
☐ has been granted under the FCC ID listed to the right ☐ is in the process of being filed under the FCC ID listed to the right ☐ is pending with the FCC under the FCC ID listed to the right	

* Equipment will be operated under FCC Rule Part(s):
22, 24

Item 14. EQUIPMENT SPECIFICATIONS: *Where applicable*

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
824.2	848.8	1.205	2.5	ppm	248KGXW	
1850.2	1909.8	0.454	2.5	ppm	242KGXW	

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.

(This Section intentionally left blank)

Item 16. 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:Harvey Sung			
Title of Authorized Signature: Technical Director			
Complete items below if an agent signs the application			
Firm Name: DIGITAL EMC Co.,Ltd.	**Telephone:** +82-31-321-2664	**Ext.:**	**Fax No.:** +82-31-321-1664
First Name: Harvey	**Middle Initial:**	**Last Name:**Sung	
Address Line 1:683-3, Yubang-Dong		**P.O. Box:**	
Address Line 2:			
City: Yongin-Si	**State:** Kyunggi-Do	**Country (if foreign address):** KOREA	**Zip/Postal Code:** 449-080
NOTE: An asterisk '*' preceding a field indicates it must be completed.			