

SECTION III –EQUIPMENT AUTHORISATION SUMMARY									
1. Confidentiality Does this application include a request for confidentiality for a portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
2. Defer Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
3. Type of equipment authorisation requested: <input type="checkbox"/> Certification									
4.(a) Equipment Code and description: Hand held radio <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">R</div> <div style="border: 1px solid black; padding: 2px 5px;">V</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div>H</div> <div>T</div> <div>8</div> <div>4</div> <div>0</div> </div>			(b) Equipment will be operated under FCC Rule Part(s): <div style="border: 1px solid black; padding: 2px 10px; width: 100px;">80</div>						
5. Application is for (Check one box only) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%; border-right: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> 1. Original equipment </div> <div style="width: 35%; border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> 2. Change in identification of presently authorised equipment <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Original FCC ID Grant date </div> </div> <div style="width: 30%; padding: 5px;"> <input type="checkbox"/> 3. Class II permissive change or modified of presently authorised equipment </div> </div>									
6. Equipment Specifications: <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 20%; border-right: 1px solid black; padding: 5px;"> (a) Frequency range 156-163.275MHz </td> <td style="width: 20%; border-right: 1px solid black; padding: 5px;"> (b) Rated RF power 5 Watts </td> <td style="width: 20%; border-right: 1px solid black; padding: 5px;"> (c) Frequency tolerance 2.5ppm </td> <td style="width: 20%; border-right: 1px solid black; padding: 5px;"> (d) Emission designator 16K0G3E </td> <td style="width: 20%; padding: 5px;"> (e) Microprocessor model number uPD789418AGK </td> </tr> </table>					(a) Frequency range 156-163.275MHz	(b) Rated RF power 5 Watts	(c) Frequency tolerance 2.5ppm	(d) Emission designator 16K0G3E	(e) Microprocessor model number uPD789418AGK
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7. Is the equipment in this application: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> a) a composite device subject to more than one type of equipment authorisation? </div> <div style="width: 20%; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> b) part of a system that operates with, or is marketed with, another device that requires an equipment authorisation? </div> <div style="width: 20%; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>									
8. a) Additional type of equipment authorisation required: <input type="checkbox"/> Certification <input type="checkbox"/> Notification b) The related application checked in item 7.a) (Tick one box only) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 24%; border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> has been filed at the same time as this application under the FCC D listed below </div> <div style="width: 24%; border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> has been granted under the FCC ID below </div> <div style="width: 24%; border-right: 1px solid black; padding: 5px;"> <input type="checkbox"/> is in the process of being filed under the FCC ID listed below </div> <div style="width: 24%; padding: 5px;"> <input type="checkbox"/> is pending with the FCC under the FCC ID listed below </div> </div> <div style="text-align: center; margin-top: 10px;"> <div style="border-bottom: 1px solid black; width: 400px; margin: 0 auto;"></div> FCC ID </div>									
9.a) Name of test firm on file with the FCC, if different from applicant or contact person: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 55%; border-right: 1px solid black; padding: 5px;"> b) Mailing address,: Number, street, Town / City, Country Postal code </div> <div style="width: 40%; padding: 5px;"> c) Tel No. (Area/Country/City code, No. & Ext.) d) Fax No. (Area/Country/City code, & No.) </div> </div>									
e) Internet e-mail address: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>									

SECTION IV - Read each certification carefully before answering and signing this application.

WILFUL 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).

1. 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. Section 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 authorised agent so certify?

☒ Yes

☐ No

2.(a) APPLICANT/AGENT CERTIFICATION:

I certify that I am authorised 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 Authorisation issued by the FCC as a result of the representations made in this application, the applicant is responsible for (1) labelling the equipment with the exact FCC ID specified in this application, (2) compliance statement labelling 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.

Authorising 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 authorisation 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 authorisation must be submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

Original written signature of authorised signatory



Date (Month, Day, Year)

18-November-2005

Typed / printed name of authorised signatory

Jim Rimington

Title of authorised signatory

Technical Manager

Complete items below if an agent signs the application

b) Mailing address:

Number, street,

Town / City,

Country

Postal code

c) Tel No. (Area/Country/City code, No. & Ext.)

d) Fax No. (Area/Country/City code, & No.)

e) Internet e-mail address: