

Application E08-000155-FCC is listed below.

Applicant/Manufacturer

Applicant/Manufacturer Information

* Complete, Legal Business Name

Zonar Systems

* Address, Line 1

18200 Cascade Ave. S

P.O. Box

Address, Line 2

Suite 200

* Country

USA

* City

Seattle

State

WA

* Zip/Postal Code

98188

* FCC Grantee Code

SEJ

* FCC/CORES FRN (FCC Registration Number)

0011322799

* Industry Canada Company Number

5266A

Note: For FCC and IC items above which do not apply, enter N/A.

Person at the above address to receive grant, or for contact

* First Name

Greg

* Last Name

Colvin

Title

Engineering Project Ma

Mail Stop

* Telephone

206-878-2459

Extension

* Fax

206.878.3082

* E-Mail Address

greg.colvin@zonarsystc

Change Applicant/Manufacturer

You may choose a different pre-defined applicant/manufacturer by selecting from the drop-down box.

Zonar Systems

If you wish to edit or to add a pre-defined applicant/manufacturer, please login to the customer account and navigate to **Predefine and Manage Applicants/Manufacturers**.

change applicant/manufacturer

Grant Receiver

Grant Receiver Information

* Firm Name

CKC Certification Serv

* Address, Line 1

5046 Sierra Pines Dr.

P.O. Box

Address, Line 2

* Country

USA

* City

Mariposa

State

CA

* Zip/Postal Code

95338

Person at the above address to receive grant

* First Name

Jessina

* Last Name

Hunter

Title
CKC CS Acting Agent

Mail Stop

* Telephone 209-966-5240 Extension 2234

Fax 866-779-9776 * E-Mail Address TCBAAdmin@ckccertific

Change Grant Receiver

You may choose a different pre-defined grant receiver by selecting from the drop-down box.

Hunter, Jessina CKC Certification Services, LLC

If you wish to edit or to add a pre-defined grant receiver, please login to the customer account and navigate to **Predefine and Manage Grant Receivers**.

change grant receiver

Application Information

Application Information

* Application is for

- A. Original Equipment
 B. Class II permissive change or modification of presently authorized equipment

If A. or B. is checked, please enter the equipment product code portion of the FCC ID.

FCC ID = Grantee Code SEJ + Equipment Product Code -ZPASSH904

- C. Change in identification of presently authorized equipment

If C. is checked, please complete the fields below.

Original FCC ID Grant Date (MM/DD/YYYY)

* 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 (d)(l)(ii)?

- Yes No

* Does this application include a request to defer granting of this application pursuant to 47 CFR §0.459 (d)(l)(ii)?

- Yes No

If Yes, please specify the date when grant may be issued:

* Was SAR testing performed?

- Yes No

The answers to the following questions may require that you enter the FCC ID for a related application at the bottom of this section.

* Is the equipment in this application a composite device subject to more than one type of equipment authorization?

- Yes No

If Yes, is this for multiple transmitters within the same device?

- Yes No

* Is the equipment in this application part of a system that operates with, or is marketed with another device that requires an equipment authorization?

- Yes No

If an FCC ID for a related application is required, you will be prompted to enter it here:

The related application:

- Has been filed at the same time as this application under the FCC ID above
 Was granted under the FCC ID above
 Is in the process of being filed under the FCC ID above

Is pending with the FCC under the FCC ID above

update application information

Equipment Information

Equipment Information

* Description of Product
Long Range RFID Reader H9045
(Max 50 characters)

update equipment information

Equipment Specifications

Equipment Specifications

Equipment Specification 1

Frequency Range (Low, High) Rated RF Power Output and Unit
0.125 0.125 0 Watts Conducted

Frequency Tolerance (Value, Type)
0 %

Emission Designator Microprocessor Model Number
0

* Equipment Code
DCD - Part 15 Low Power Transmitter Below 1705 kHz

* Equipment will be operated under FCC Rule Part
15C

If you wish to enter additional specifications for subcomponents, enter the total number of equipment specifications required and then click the link to expand this form. The present data will be saved and spaces will be created for additional specifications.

Total Number of Specifications: 1 [[expand this form](#)]

update equipment specifications

Technical Contact

Technical Contact Information

* Firm Name
CKC Certification Service

* First Name * Last Name
Jessina Hunter

Title E-Mail Address
CKC CS Acting Agent TCBAAdmin@ckccertific

* Address, Line 1 P.O. Box
5046 Sierra Pines Dr.

Address, Line 2 * Country
USA

* City State * Zip/Postal Code
Mariposa CA 95338

* Telephone Extension Fax
209-966-5240 2234 866-779-9776

Change Technical Contact

You may choose a different pre-defined technical contact by selecting from the drop-down box.

Hunter, Jessina - CKC Certification Services, LLC

If you wish to edit or to add a pre-defined technical contact, please login to the customer account and navigate to **Predefine and Manage Technical Contacts**.

change technical contact

Non-Technical Contact

Non-Technical Contact Information

* Firm Name
CKC Certification Serv

* First Name Jessina	* Last Name Hunter	
Title CKC CS Acting Agent	E-Mail Address TCBAdmin@ckccertifica	
* Address, Line 1 5046 Sierra Pines Dr.	P.O. Box	
Address, Line 2	* Country USA	
* City Mariposa	State CA	* Zip/Postal Code 95338
* Telephone 209-966-5240	Extension 2234	Fax 866-779-9776

Change Non-Technical Contact

You may choose a different pre-defined non-technical contact by selecting from the drop-down box.

Hunter, Jessina - CKC Certification Services, LLC

If you wish to edit or to add a pre-defined non-technical contact, please login to the customer account and navigate to **Predefine and Manage Non-Technical Contacts**.

change non-technical contact

Test Firm

Test Firm Information (onfile)

* Firm Name
CKC Laboratories, Inc.

* Address, Line 1 1120 Fulton Place	P.O. Box N/A	
Address, Line 2 N/A	* Country USA	
* City Fremont	* State CA	* Zip/Postal Code 94539

Contact Person at the above address

If you selected a test firm from those on file in the CKC CS database, the contact information displayed here may be different from what you entered. For a record containing the contact information entered, please refer to the printable FCC format.

* First Name Steve	* Last Name Behm
Mail Stop	
Telephone 209-966-5240	Extension N/A
Fax	E-Mail Address

866-779-9776 N/A

For FCC

For Industry Canada

Change Test Firm and Contact

You may choose a different on-file or pre-defined test firm by selecting from the drop-down boxes.

On file in the CKC CS database: CKC Laboratories, Inc. - Fremont, Fremont

Pre-defined for Customer Account: Please select a test firm

If you wish to edit or to add an on file test firm, please navigate to the **CKC CS Main page** and *Manage Onfile Test Firms*.

If you wish to edit or to add a pre-defined test firm, please login to the customer account and navigate to **Predefine and Manage Test Firms**.

Test Firm Contact Information

NOTE: This information is required for both options

* Contact Person's First Name * Contact Person's Last Name

Benny Lovan

* Telephone Extension

209-966-5240 2574

Fax E-Mail Address

866-779-9776 benny.lovan@ckc.com

Accreditation Agency If other, enter facility

A2LA

* ISO Guide 17025, or equivalent Yes No

Certificate Number Certificate Expiration

803.06 01/31/2009

change test firm and contact

Section 5301 Certification

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

Applicant/Agent Certification

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 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.

By checking this box, the applicant agrees to the terms and conditions set forth in the CKC CS General Agreement for certification under each entity under which certification is sought. Applicant acknowledges that they understand and agree to comply with the terms and conditions of the CKC CS General Agreement. By signing this form, the user acknowledges that they are signing on behalf of the applicant requesting certification, and the user has legal authority to sign on behalf of the applicant. User also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant if so requested.

For Agents: By signing this form as an agent on behalf of an applicant, the user acknowledges that they have been legally delegated the authority to act on behalf of the applicant and that the applicant has been provided with a copy of all terms and conditions pursuant to certification under the requested entities. Agent also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant.

* I Certify and Agree with the Terms and Conditions

Signature and Contact Information of Authorized Person Filing

First Name _____ Last Name _____
Jessina _____ Hunter _____
Title _____
CKC CS Acting Agent
Telephone _____ Extension _____
209-966-5240 2234
E-Mail Address _____ Fax _____
TCBAdmin@ckccertific: 866-779-9776

Complete the items below if an agent signs the application.

Firm Name _____
CKC Certification Services, LLC
Address, Line 1 _____ P.O. Box _____
5046 Sierra Pines Dr. _____
Address, Line 2 _____ Country _____

USA
City _____ State _____ Zip/Postal Code _____
Mariposa _____ CA _____ 95338
First Name _____ Last Name _____
Jessina _____ Hunter _____
Telephone _____ Extension _____
209-966-5240 2234
Fax _____ E-Mail Address _____
866-779-9776 TCBAdmin@ckccertific: