

Curtis- Straus LLC FCC Form 731 Application

Item 7. *Non-Technical Contact:			
Firm Name: Bureau Veritas Consumer Products Services (H.K.) Ltd., Taoyuan Branch		Tel: +886 3 318 3232	Ext: 1628
Fax: +886 3 327 0892			
First Name: Andrea	Middle Initial:	Last Name: Hsia	
Address Line 1: No. 19, Hwa Ya 2nd Rd., Kwei Shan Hsiang		P.O. Box:	
Address Line 2:		City: Taoyuan Hsien	State:
Country (if foreign address): Taiwan, R.O.C.		Zip/Postal Code: 333	
E-mail: andrea.hsia@tw.bureauveritas.com			
Item 8. * Does this application include a request for short-term confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004? * Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR0.459 of the Commission Rules?			Short-Term request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date of Release: Permanent request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Item 9. *Does this applicant request the TCB to perform pre-approval before grant is issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, specify date when grant may be issued (MM/DD/YYYY) format: If so, specify contact's email for pre-approval notice:			
Item 10. *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Item 10a. *Is this application for Modular Approval authorization? <input type="checkbox"/> Yes <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Modular Approval <input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Limited Split Modular Approval <input checked="" type="checkbox"/> No			
Item 10b. *Is there a KDB inquiry associated with this application? <input type="checkbox"/> Yes KDB# <input checked="" type="checkbox"/> No			
Item 11. *Equipment Class: 3-digits required NII (If composite device, provide one Form 731 per Equipment Class)		*Description of Product as it is marketed: (Note: This text will appear below the equipment class on the grant) 802.11ac 2x2 AP	
Item 12. *Application is for: <input type="checkbox"/> Original Equipment <input checked="" type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID: _____ 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 (Note: this may only be filed for applications pertaining to Software Defined Radio)			
Item 13. * Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization? * (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? If either of the above questions is answered "Yes " complete section 13 (c).			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(c) The related application: <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? <input type="checkbox"/> has a mix of pending and granted statuses under the FCC ID(s) referenced.			FCC ID SK6-XR620
Item 14. *Does this equipment require SAR evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Item 15. *Name of test firm and contact person on file with the FCC, if different from applicant or contact person:			
Firm Name: Bureau Veritas Consumer Products Services (H.K.) Ltd., Taoyuan Branch			
First Name: Andrea		Last Name: Hsia	
Tel: 886 3 318 3232		Ext: 1628 Fax: +886 3 327 0892	
Email: andrea.hsia@tw.bureauveritas.com			
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. TITLE 47, SECTION 503).			

