

02\_G0M-1702-6284\_43586 731Form2b

## Eurofins Product Service

TCB A	PPLICATION F( Rev3.0 2013-12-04 E		<b>To be com</b> Project Nu	-	Eurofins Prod G0M-1702-62	uct Service GmbH 84
<u>ltem 1.</u>		ete, legal business na Registration Number (I			Devices Europ	be GmbH
<u>ltem 2.</u>	Address Line 1 Address Line 2: P.O. Box State	Zeppelinstraße 19	Cit <u>y</u> Zip/Postal Code	<b>/:</b> Lünebu <b>2:</b> 21337		r <b>y:</b> Germany
<u>ltem 3.</u>	FCC ID Grantee	Code: <u>T7V</u>	EPC (Equipment max.		ode, ers): <u>PAN10</u>	
<u>ltem 4.</u>	The original grant and	g the application will be di l invoice will be sent to this ervice GmbH, Storkowe	s contact.		alde, Germany	<u>TCB Login:</u> DE0005 0008466054
<u>Item 5.</u>	<ul> <li>A2: Unlicensed Radio devices.</li> <li>A3: Unlicensed Radio XA: Unlicensed Radio XA: Unlicensed Radio S</li> <li>B1: Licensed Radio S</li> <li>B3: Licensed Radio S</li> <li>B3: Licensed Radio S</li> <li>B4: Licensed Radio S</li> </ul>	Frequency Devices - Low powe Frequency Devices - Low powe Frequency Devices - Low powe Frequency Devices - Unlicense hal Information Infrastructure (Ul ervice Equipment - Personal Mo ervice Equipment - General Mob ervice Equipment - Maritime and ervice Equipment - Microwave R hal Equipment (47 CFR Part 68)	er transmitters operating d Personal Communicat NII) devices and low pow obile Radio Services in 4 ile Radio Services in the Aviation Radio Services I Aviation Radio Services	on frequencies ion System (Por rer transmitters 7 CFR Parts 2 following 47 C in 47 CFR Par	s above 1 GHz, with CS) devices s using spread spect 2 (cellular), 24, 25, 2 JFR Parts 22 (non-co ints 80 and 87	6, and 27
<u>ltem 5.</u>	Person at the appl First Name: Title: Phone: E-mail:	licant's address to rec Olaf Mic +49 4131899-257 Olaf.Knoth@eu.pana	Idle Initials:	Mail Stop:	Last Name: 	<u>Knoth</u> -187
<u>Item 6.</u>	Technical Contact Company Name: First Name: Address Line 1 Address Line 2: P.O. Box State: Phone: E-mail:	Marcus	Middle Initials: City: p/Postal Code: anasonic.com	Fax:	Last Name: Country:	Nottorf
<u>ltem 7.</u>	Non-Technical Co Company Name: First Name: Address Line 1 Address Line 2: P.O. Box State: Phone: E-mail:		Middle Initials: City: ip/Postal Code:	Fax:	Last Name: Country:	



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## Eurofins Product Service

Item 1.       Confidentiality Request: (a) 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 (b) Does short-term confidentiality apply to this application? If yes, specify the short-term confidentiality release date: MMDD/YYY         Item 9.       Related OET KnowledgeDataBase (KDB) Inquiry: Is this application for modular approval? Is this application for modular approval? Is this application for modular approval? It was that the inquiry tracking number. Modular Approval: Is this application for modular approval? Item 11.       Software Defined Radio Authorization: Is this application for software defined radio authorization? Is this application for software defined radio authorization? Item 12.       Software Defined Radio Authorization: Is this application for software defined radio authorization? Composite / Related Equipment: Change in identification of presently authorized equipment: TYPPAN1 Original EQCIP 0 Grand ata (MMDD/YYY): 10/28/2013 Class II permissive change or modification of presently authorized equipment: TYPPAN1 Original FCCI 0 Grand tate (MMDD/YYY): 10/28/2013 Class II permissive change or modification of presently authorized equipment: Item 13.       Application Purpose: (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? (b) part of a system that operates with, or is marketed with. (c) part of a system that operates with, or is marketed with. (b) part of a system that operates with, or is marke				
If yes, specify the short-term confidentiality release date:       MMDD/YYYY         Item 9.       Related OET KnowledgeDataBase (KDB) Inquiry:       Is there a KDB inquiry associated with this application?       IYes       No         Item 10.       Modular Approval:       Its application for modular approval? If "Yes", please submit a cover letter addressing the modular approval requirements of DA 00-1407.       IVes       No         Item 11.       Software Defined Radio Authorization:       Is this application for software defined radio authorization?       IVes       No         Item 12.       Equipment Class:       DTS       Secret the equipment class on the grant):       Bluetooth Smart Module         Item 13.       Application Purpose:       Original equipment       Criginal equipment       Original ECC ID: 0       Grant date (MMDD)/YYY): 10/29/2013         Item 14.       Composite / Related Equipment:       Driginal ECC ID: 0       Grant date (MMDD)/YYY): 10/29/2013       IVes       No         Item 14.       Composite / Related Equipment:       If either of the above questions is answered "Yes", please complete section 13(c).       Yes       No         Item 15.       The last point of the off or efformal grant granted statuses under the FCC ID(s) listed to the right       T/VPAN10       Yes IN No         Item 14.       Composite / Related Equipment:       FCC ID(s):       FCC ID(s):       FCC ID(s):	<u>ltem 8.</u>	(a) Does this application include a request for confidentiality for any portion(s) of the data	🛛 Yes	□ No
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modular approval requirements of DA 00-1407.       ☑ Yes □ No         Modular Type:       Single Modular Approval         Item 11.       Software Defined Radio Authorization:       Is this application for software defined radio authorization?       □ Yes ☑ No         Item 12.       Equipment Class:       DTS       Description of product as it is marketed:       (Note: This text will appear below the equipment class on the grant):       Bluetooth Smart Module         Item 13.       Application Purpose:       Original equipment       TVPAN1         Original FCC ID: 0       Grant date (MW/DD/YYY): 10/29/2013       © Class II permissive change or modification of presently authorized equipment         Item 14.       Composite / Related Equipment:       Item of a system that operates with, or is marketed with, another device that requires an 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", please complete section 13(c).       IC (D) (S) isted to the right       □ Yes ☑ No         If either of the above paranted under the FCC ID(s) listed to the right       TVPAN10       □ Sing bending with the FCC under the FCC ID(s) listed to the right       TVPAN10         Is in the process of being filed under the FCC ID(s) listed to the right       Christian Weber       Address:       Storkower Str. 38C	<u></u>			
Item 11.       Software Defined Radio Authorization: Is this application for software defined radio authorization?       Yes       No         Item 12.       Equipment Class:       DTS Description of product as it is marketed: (Note: This text will appear a below the equipment class on the grant):       Bluetooth Smart Module         Item 13.       Application Purpose::       Original equipment Change in identification of presently authorized equipment: TVPAN1 Original FCC ID:       Grant date (MM/DD/YYY): 10/29/2013 (Xet as II) permissive change or modification of presently authorized equipment         Item 14.       Composite / Related Equipment: 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", please complete section 13(c). (c) The related application: has been granted under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with the FCC under the FCC ID(s) listed to the right bendring with appear at the state service GmbH bendring the state: bendring with appear at the bottom of the Grant of Equipment Authorization. Single Modular Approval. Prover listed is conducted. This device is to used for portales a		modular approval requirements of DA 00-1407.	🛛 Yes	🗌 No
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Item 12.       Equipment Class:       DTS         Description of product as it is marketed:       (Note: This text will appear below the equipment class on the grant):       Bluetooth Smart Module         Item 13.       Application Purpose::       Original equipment       TVPAN1         Original FCC ID:       Grant date (MM/DD/YYY):       10/29/2013         Item 14.       Composite / Related Equipment:       State:       Yes         Is the equipment in this application:       (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         (c) a composite device subject to an additional equipment authorization?       Yes       No         (c) a composite device subject to an additional equipment authorization?       Yes       No         (d) a composite device subject to an additional equipment authorization?       Yes       No         (f) either of the above questions is answered "Yes", please complete section 13(c).       (C)       FCC ID(s):         (c) The related application:       FCC ID(s) listed to the right       T7VPAN10         is is no the process of being filed under the FCC ID(s) listed to the right       T7VPAN10         (d) test firm and contact person on file with the FCC, if different from applicant or conta	<u>ltem 11.</u>	Software Defined Radio Authorization:		
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(Note: This text will appear below the equipment class on the grant):       Bluetooth Smart Module         Item 13.       Application Purpose::       Original equipment         TVPAN1       TrVPAN1         Original FCC ID:       0         Grant date (MM/DD/YYY):       10/29/2013         Item 14.       Composite / Related Equipment:         Is the equipment in this application:       (a) a composite device subject to an additional equipment authorization?       Yes         (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?       Yes       No         (c) The related application:       (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?       Yes       No         (c) The related application:       FCC ID(s)       FCC ID(s):       Yes       No         (c) The related application:       FCC ID(s) listed to the right       T7VPAN10         (c) The related application:       FCC ID(s) listed to the right       T7VPAN10         (b) part of a system that percess of being filed under the FCC ID(s) listed to the right       T7VPAN10         (b) part of a system that correspond on file with the FCC, if different from applicant or contact person:       Company Name:         Company Name:       Eurofins Product Service GmbH       Contract Name: Christian Weber	<u>ltem 12.</u>			
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☐ Change in identification of presently authorized equipment: T7VPAN1         Original FCC ID: 0       Grant date (MM/DD/YYY): 10/29/2013         ☐ Class II permissive change or modification of presently authorized equipment         Item 14.       Composite / Related Equipment: Is the equipment in this application: (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", please complete section 13(c).       (c) The related application:       FCC ID(s):         ☐ has been granted under the FCC ID(s) listed to the right				
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Is the equipment in this application:       (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", please complete section 13(c).       ○ Yes ○ No         (c) The related application:       FCC ID(s) isted to the right         □ is pending with the FCC under the FCC ID(s) listed to the right       T7VPAN10         □ is pending with the FCC under the FCC ID(s) listed to the right       T7VPAN10         □ has a mix of pending and granted statuses under the FCC ID(s) to the right       T7VPAN10         □ has a mix of pending and granted statuses under the FCC ID(s) to the right       Name of test firm and contact person on file with the FCC, if different from applicant or contact person:         Company Name:       Eurofins Product Service GmbH       Contact Name:         Chirstian Weber       Address:       Storkower Str. 38C         State:       Zip Code:       15526       Country:         Germany       Phone:       +49 33631 888 324       Fax:       +49 33631 888 650       E-Mail: ChristianWeber@eurofins.de         FCC Registered Test Site Number (required for part 15 and 18 applications):       96970       96970         Item 16.       Grant Comments:       Note: Text will appear at the bottom				
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		conjunction with any other antenna or transmitter, except in accordance with FCC multi- transmitter product procedu	res. Compliar	nce of this
				ecific
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ltem 17.	Equipment Specifications:						
Frequenc		Frequency	<b>Emission Designator</b>	Microprocessor	FCC Gra		
in M		tolerance	(See 47 CFR 2.201	Model Number	Rule Not		
_	<u>IN WATTS</u>	%, Hz, ppm	` and 2.202)		Part		
2402	2480 0.001	-/- ppm	-/-	-/-	15C -/-		
For submi	ssion of further line items, pleas	se attach a separate	equipment specificatio	ns chart.			
Item 18.	Equipment Authorization W			•			
	Is there an equipment authoriz				🗌 Yes 🖾 No		
	If yes, has the associated wai	ver been approved a	and all information uploa	aded?	🗌 Yes 🗌 No		
Read eac	h certification carefully before	e answering and si	oning this application				
	L FALSE STATEMENTS				Y FINE A		
	ONMENT (U.S. CODE, TITL						
LICENSE	OR CONSTRUCTION	PERMIT (U.S. (	CODE. TITLE 47.	SECTION 312(a	)(1)). AND/(		
	URE (U.S. CODE, TITLE 47			02011011 012(0			
		,					
ltem 19.	SECTION 5301 (ANTI-DRUG	ABUSE) CERTIFIC	ATION:				
				e application is sub	ect to a denia		
	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, 2						
	U.S.C. § 862 because of a conviction for possession or distribution of a controlled substance. See 47 CFF						
	1.2002(b) for the definition of a	a "party" for these p	urposes.				
	Does the applicant or authoriz	ed agent so certify?			🛛 Yes 🗌 No		
ltem 20.	APPLICANT/AGENT CERTIFICATION:						
	I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto, are tru						
	and correct to the best of my knowledge and belief. IN accepting a Grant of Equipment Authorization as a result of the application the application the application of						
	representations made in this application, the applicant is responsible for (1) labeling the equipment with the exact FCC specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the specified in this applicable rules.						
	equipment with the applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropria						
	arrangements have been made with the manufacturer to ensure that production units of this equipment will continue						
	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 remain						
	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 informatic						
	to enable the agent to respond to the above section 5301 (Anti-Drug Abuse) Certification statement has been provided the applicant. It is understood that the letter of authorization must be submitted to the FCC upon request, and that the FC						
	reserves the right to contact the applicant directly at any time.						
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Signatur	e of authorized applicant:	M.	111				
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<b>T</b> '41 6		Or.	1-(01				
litle of al	uthorized signature Jo	oerg Kusig					
Complete	items below if an agent sign	s the application					
	Company Name:						
	First Name:	Middle	e Initials:	Last Name:			
	Address Line 1						
	Address Line 2:						
	P.O. Box		City:				
	State:	Zip/Post	al Code:	Country:			
	Phone:	-	Fax:				
	E-Mail:						
Noto: Th	is form must be completed	and provided w	ith the submission				
Note: In	is form must be completed	a and provided W	ini nie subillission.				