FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731 APPLICATION FOR EQUIPMENT AUTHORIZATION

Approved by OMB 3060 - 0934 Expires 02/28/2005

and 2. Applicant's mailing address ing 1: PO. Box 39 itty: Tumba itte: N/A country (if foreign address): Sweden Zip/Postal Code: SE-147 21 itte: N/A country (if foreign address): Sweden Zip/Postal Code: SE-147 21 itte: Name: Lars gruipment Product Code (14 characters maximum): 906520V2 gruipment Product Code (14 characters maximum): 906520V2 itte: Mame: Lars ast Name: Hallsten dephone: +46 8 530 660 52 itte: Manager Electrical Engineering mail: Iars. hallsten@delaval.com iff F. Fonchical Contact: irm Name: DeLaval International AB iff 1: P.O. Box 39 Zip/Postal Code: SE-147 21 olephone: +48 8 530 660 52 irst Name: Lars ast Name: Hallsten Zip/Postal Code: SE-147 21 olephone: +48 8 530 660 52 irst Name: Lars ast Name: Hallsten Zip/Postal Code: SE-147 21 olephone: +48 8 530 660 52 irst Name: Lars ast Name: Hallsten@delaval.com zip/Postal Code: SE-147 21 ielphone: +48 8 530 660 52 irst Name: Lars ast Name: Hallsten@delaval.com zip/Postal Code: SE-147 21 ielphone: +48 8 530 660 52 irst Na			
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In 4 : P.Ó. Box 39 Ty: Tumba tate: N/A Sountry (If foreign address): Sweden Zip/Postal Code: SE-147 21 Equipment Product Code (14 characters maximum): 906520V2 <u>am 4</u> . Person at the applicant's address to receive grant or for contact: Irst Name: Lars ast Name: Hallsten elephone: +48 8 530 660 52 Title: Manager Electrical Engineering Time The DeLaval International AB Irst Name: Lars ast Name: Hallsten Gelphone: +48 8 530 660 52 Title: Manager Od Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead of Applicant, the original Grant is authorized to be mailed to: N/A <u>em 5</u> , Instead Si30 660 52 Irst Name: Lars ast Name: Hallstein <u>Colored Si30</u> , Societ and Si30 <u>ity: Tumba</u> <u>itate: N/A</u> <u>Sountry (If foreign address): Sweden</u> <u>ity: Tumba</u> <u>itate: N/A</u> <u>ity: Tumba</u> <u>itate: N/A</u>	DeLaval International AB		
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Title: Manager Electrical Engineering E-mail: jars.hallsten@delaval.com Em 5, Instead of Application, the original Grant is authorized to be mailed to: N/A Em 5, Technical Contact: Tim Name: DeLaval International AB Ine 1: P.O. Box 39 Tity: Tumba tate: N/A Sountry (If foreign address): Sweden Elephone: +48 530 660 52 Tirst Name: Lars ast Name: Hällsten 	Last Name: Hällsten		
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elephone: +46 8 530 660 52 irrst Name: Lars ast Name: Hällsten i-mail: lars.hallsten@delaval.com1 tem 7, Non-Technical Contact: irrm Name: DeLaval International AB ine 1: P.O. Box 39 City: Tumba state: N/A Sountry (if foreign address): Sweden Zip/Postal Code: SE-147 21 elephone: +46 8 530 660 52 irrst Name: Lars ast Name: Hällsten -mail: lars.hallsten@delaval.com tem 8, * Does this application include a request for confidentiality for any portion(s) of the iata contained in this application pursuant to 47 CFR § 0.459 of the Commission Rules? T Yes O No tem 9. Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)? See instructions) Tyes is o, specify date when grant may be issued (MM/DD/YYYY format): tem 10. Equipment Class: DSC * Description of Product as it is Marketed: Transmitter NOTE: This text will appear below the equipment class on the grant) tem 11. * Application is for: (please mark as appropriate) Original Equipment (See instructions) Change in identification of presen	State: N/A		
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Grant Date (MM/DD/YYYY format):			
Grant Date (MM/DD/YYYY format):	O Change in identification of presently authorized equipment: Original	I FCC ID:	
Class II permissive change or modification of presently authorized equipment (See instructions)			format):
			,

Item 12. Is the equipment in this application:		
* (a) a composite device subject to an additional equipment authorization?	O Yes	X No
* (b) part of a system that operates with, or is marketed with, another device that requires an	O Yes	X No
equipment authorization?	-	
If either of the above questions is answered "Yes" complete section 12(c).		

(c) The related app					FCC ID
	granted under the FC				N/A
	ocess of being filed u				
	with the FCC under				
		erson on file with th	e FCC, if different from	n applicant or conta	ict person:
irm Name: MET La					
	Patapsco Avenue				
City: Baltimore State & Zip: MD 21	220				
ast Name: Confro					
First Name: Marie	y				
elephone: 410-354	4-3300	Ext: 412			
ax No.: 410-354-3					
-mail: tcbinfo@m	etlabs.com				
		ke to appear at the b	oottom of the Grant of	Equipment Authoriz	zation. N/A
Re	ead each certification	on carefully before	e answering and sig	ning this applicati	ion
quipment Speci			0 0	• •	
1.1					
	_		Frequency		
Rule Part	Frequency	Power (W)	Tolerance and	Emission	Note Codes
	Range (MHz)		Units	Designator	
15.231(a)	418.0	-20.9 dBm	<100 ppm	147kP0D	
			<100 ppm	147kP0D	
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