Zip Code:		
Telephone Number:	Extension:	
Fax Number:		
E-mail:		
Non Technical Contact	1	
Firm Name:		
First Name:		
Middle Name:		
Last Name:		
Line 1:		
Line 2:		
P.O. Box:		
City:		
State:		
Country:		
Zip Code: Telephone Number:	Extension:	
relephone Number.	Extension.	
Fax Number:		
E-mail:		
Confidentiality Does this application in	oclude a request for confidentialit	y for any portion(s) of the data contained in this
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? If "Yes", see instructions: *		
C Yes No		
Equipment Class		
Equipment Class: *		
	er Communication Device Transi	1.000.00.7
Description of product as it is marketed: (NOTE: This text will appear below the equipment class on the grant) *		
MINI FM TRANSMITTE	R	
Application Purpose Application is for: *		
Original Equipment	(See instructions)	
	ation of presently authorized equ	ipment:

Original FCC ID: UOMCCH-030 Grant Date: 11/03/2006			
Class II permissive change or modification of presently authorized equipment			
Composite/Related Equipment			
Is the equipment in this application a composite device subject to an additional equipment authorization? *			
○ Yes ④ 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 either of the above questions is answered "yes", complete the following question: The related application:			
has been granted under the FCC ID listed below:			
is in the process of being filed under the FCC ID listed below:			
is pending with the FCC under the FCC ID listed below:			
FCC ID:			
Test Firm Information			
Name of test firm and contact person on file with the FCC, if different from applicant or contact person:			
Firm Name: Shenzhen Huatongwei International Insp. Co., Ltd - Hi-tech Park, Shenzhen			
First Name:			
That Name.			
Last Name:			
Telephone Number: Extension:			
Fax Number:			
E-mail:			
Grant Comments			
Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization:			

* - Indicates that this field must be completed before the registration can be submitted