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## **TCB Application Form 731**

	Revision	History		
Reason for Amendment (current / obsolete)	From To		Approved Date	
Initial Release (obsolete)	1.0	1.0	Feb-27-2006	
Updated company template & Added text box (obsolete)	1.0	2.0	Jan-31-2012	
Revised for readability and to combine composites on a single form (obsolete)	2.0	3.0	Nov-17-2015	
Update company logo & add additional information into table for Item 12 (current)	3.0	4.0	Jun-02-2017	



SIEMIC, Inc.

For SIEMIC Use Only					
Received Date:					
Project Tracking No.					
Completion Date:					

## TCB Application Form 731 Rev 04 Jun 02, 2017

Item 1. Applicant's complete, legal business name:						
Mobile Appliance, I	nc.					
Applicant's FCC F	Registration Numbe	r (FRN):	0024067746			
Item 2. Applicant's	s mailing address:					
Line 1:	Gwanyang-dong-1701~1706, Daerung Techno #15, 401, Simin-daero, Dongan-gu, Anyang-si, Gyeonggi-do, Korea.					
Line 2:						
P.O. Box:						
City:	Anyang-si	Anyang-si				
State: Country:				Zip/Postal Code:		
Gyeonggi-do	R	Republic of Korea			14057	

Item 3. Applicant Contact Person:						
First Name:	Jin Oh	Last Name:	Choi			
Title:	Manager	Telephone:	+82-31-421-8071			
E-mail:	jjinoh79@mobileappliance.co.kr	Fax No.:	+82-31-423-8076			
Item 4. FCC ID:	Grantee Code:	Equipment Pr	oduct Code: (14 characters max)			
WHBRCAREYE20	WHB	RCAREYE20				

Item 5. Laboratory Contact: (if different from applicant)									
Firm Name: Te			Teleph	Telephone:		Ext:			Fax: No.:
Compliance Certification Services		+886-2-2299-9720					+886-2-2299-9721		
Inc.									
First Name:	Sam			Middle		Last		Chuang	
				Initial:	Name:				
Line 1: No.11, Wugong 6 <sup>th</sup> Rd., Wugu				l., Wugu	Dist., New <sup>·</sup>	Taipei Cit	ty 24	1891, Taiw	/an. (R.O.C.)
Line 2:									
City:		New Taipei C	ity						
State: Co				Cou	untry: Zip/Postal Code:			/Postal Code:	
Taiwan				1			248	91	
Email: Sam.Chuang@ccsrf.com									
FCC Accredited Test Site Number: 444940									

Item 6. Non-Technical Contact							
Firm Name:	Telephone:	Ext:	Fax: No.:				
First Name:	Middle Initial:	Last Name					
Line 1:							
Line 2:							
City:							
State:	Country:	Zip/Postal C	ode:				
Email:							

<ul> <li>Item 7.</li> <li>1.) Does this application include a request for SHORT-TERM confidentiality for any portion(s) of the data contained in this application?</li> <li>2.) 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's Rules?</li> </ul>	SHORT-TERM request:
Item 8. Is this application for modular approval? Yes No	
If yes, please submit a cover letter addressing the modular approval required	
	🗹 No
Item 10. Description of Product as it is marketed: (This description will appear on the Conversion of Product as it is marketed) Vehicle Black Box	Grant of Equipment Authorization)
Item 11. *Application is for: ☐ Original Equipment ☐ Change in identification of presently authorized equipment:	
Original FCC ID Grant Date	e (MM/DD/YYYY)
<ul> <li>Class II permissive change or modification of presently authorized equipment</li> <li>Class III permissive change to software defined radio</li> </ul>	
Item 12. Is the equipment in this application:	
(a) a composite device subject to an additional equipment authorization?	🗌 Yes 🛛 No
<b>(b)</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" complete section 12 (c).	
(c) The related application:	FCC ID
has been granted under the FCC ID listed to the right	
is in the process of being filed under the FCC ID listed to the right	
is pending with the FCC under the FCC ID listed to the right	
(d) Does this applicant request to defer grant of this application pursuant 47CFR 0.457(d)(1)(ii)?	🗌 Yes 🛛 No
If yes, please specify date when grant may be issued:	(MM/DD/YYYY)

Item 13. Certification sought under the following Rules:			FCC Part 15 Subpart C 15.249			
Item 14. EQUIPMENT SPECIFICATIONS:						
F	CC Equipme	nt Code List: htt	ps://apps.fcc.go	ov/oetcf/eas/re	ports/Equipmen	tRulesList.cfm
Frequen	cy Range	RF Power	Frequency	Tolerance	Emission Designator	Equip. Code
Low	High	Watts	value	units	47CFR 2.201	
24 000 MHz	24 250 MHz					DXX

Read each certification carefully before answering and signing this application WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR 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).

## Item 15. 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 TCB, under the authority of 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.

Signature and Title of Authorized Applicant: