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# TCB Application Form 731

Reason for Amendment (current / obsolete)	Revision History		Approved Date
	From	To	
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.**

**TCB Application Form 731**

Rev 04 Jun 02, 2017

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

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

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

<b>Item 5. Laboratory Contact: (if different from applicant)</b>			
<b>Firm Name:</b>	Compliance Certification Services Inc.	<b>Telephone:</b>	+886-2-2299-9720
		<b>Ext:</b>	
		<b>Fax No.:</b>	+886-2-2299-9721
<b>First Name:</b>	Sam	<b>Middle Initial:</b>	
		<b>Last Name:</b>	Chuang
<b>Line 1:</b>	No.11, Wugong 6 <sup>th</sup> Rd., Wugu Dist., New Taipei City 24891, Taiwan. (R.O.C.)		
<b>Line 2:</b>			
<b>City:</b>	New Taipei City		
<b>State:</b>	<b>Country:</b>	<b>Zip/Postal Code:</b>	
	Taiwan	24891	
<b>Email:</b>	Sam.Chuang@ccsrf.com		
<b>FCC Accredited Test Site Number:</b>	444940		

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



