



TCB Application Form 731

| | | | |
|--|--------------------------------------|---|--|
| Item 1. Grantee's complete, legal business name: <i>List the Grantee company name as it is listed in FCC database.</i> | | AUTOMATIC TECHNOLOGY (AUSTRALIA) PTY LTD | |
| Grantee's FCC Registration Number (FRN): | | 0019477462 | |
| Item 2. Grantee's Mailing Address (as it is listed in FCC database) | | | |
| Line 1: 6-8 FIVEWAYS BOULEVARD, KEYSBOROUGH | | | |
| Line 2: | | City: | |
| State/Province: VICTORIA | | Country: AUSTRALIA | Zip/Postal Code: 3173 |
| Item 3. Grantee Contact Person <i>Must be the same as the FCC Grantee contact listed in the FCC database. The name listed in the FCC Database will be on the Grant.</i> https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm | | | |
| First Name (Given Name): Nikolai | | Last Name (Family Name): Klepikov | |
| Title: Senior Electronics Design Engineer | | Telephone: +61 3 9791 0200 | |
| Email Address: | | Fax No. (if applicable): +61 3 9791 0250 | |
| Item 4. FCC ID | Grantee Code: X4K | Equipment Product Code: -TRX02403 <i>14 characters maximum including hyphens.</i> | |
| Item 5. Timco's Customer <i>All correspondence regarding this application will be directed to this contact including, but not limited to requests for additional information, the Grant, and the invoice.</i> | | | |
| Customer Company Business Name: EMC Technologies Pty Ltd | | Telephone: +61 3 9365 1000 | Ext.: Fax No. (if applicable): +61 3 9331 7455 |
| Email Address: chris@emctech.com.au | | | |
| First Name (Given Name): Chris | | Last Name (Family Name): Zombolas | |
| Line 1: 176 HARRICK ROAD, KEILOR PARK | | | |
| Line 2: | | City: Melbourne | |
| State/Province: Victoria | | Country: Australia | Zip/Postal Code: 3042 |
| Item 6. Test Firm Used to Take Measurements | | | |
| Test Lab Company Business Name: EMC Technologies Pty Ltd | | Telephone: +61 3 9365 1000 | Ext.: Fax No.: +61 3 9331 7455 |
| First Name (Given Name): Chris | | Last Name (Family Name): Zombolas | |
| Address Line 1: 176 HARRICK ROAD, KEILOR PARK | | | |
| Address Line 2: | | City: Melbourne | |
| State/Province: Victoria | | Country: Australia | Zip/Postal Code: 3042 |
| Email Address: chris@emctech.com.au | | | |
| Item 7. Does this application include a request for PERMANENT confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission Rules? | | Permanent Confidentiality Requested: X Yes <input type="checkbox"/> No | |
| Does this application include a request for SHORT-TERM confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 06/15/2004? | | Short-term Confidentiality Requested: <input type="checkbox"/> Yes X No If yes, must indicate number of days below. <input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> Other: | |
| Request for Grant Deferral: | Yes: <input type="checkbox"/> | No: X | Date: |



Item 14. Equipment Authorization Waiver

Is there an equipment authorization waiver associated with this application?

Yes No

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded?

Yes No

Read each certification carefully before answering and signing this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND 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. CODE, TITLE 47, SECTION 503).

SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

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, 21 U.S.C. § 862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of a "party" for these purposes.

Does the applicant or authorization agent so certify?

Yes No

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 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.

If signee listed below is different from Grantee's contact (Item 3) you must supply a Letter of Authorization. This authorization letter must be signed by the applicant / grantee (Item 3). The authorization letter MUST name the person that they are authorizing to sign on their behalf.

Signature of Authorized Applicant (Must be actual signature):

Name & Title of Authorized Signature (Typed): Chris Zombolas, Technical Director

Company Name of Person Signing Application: EMC Technologies Pty Ltd