



Vista Laboratories, Inc.  
1261 Puerta Del Sol  
San Clemente, CA 92673

Phone: (949) 393-1123  
Web: [www.vista-compliance.com](http://www.vista-compliance.com)  
Email: [info@vista-compliance.com](mailto:info@vista-compliance.com)

# Vista Laboratories TCB Application Form 731

For Vista Labs Use Only	
Received Date:	
Project Number:	
Note:	

<b>Item 1.</b> Applicant's complete, legal business name:			
Applicant's FCC Registration Number (FRN):			
<b>Item 2.</b> Applicant's mailing address:			
Line 1:			
Line 2:			
City:	State:	Country:	Zip/Postal Code:
<b>Item 3.</b> Applicant Contact Person:			
First Name:		Last Name:	
Title:		Telephone:	
E-mail:		Fax No.:	
<b>Item 4.</b>	FCC ID consisting of:	Grantee Code:	Equipment Product Code (14 characters maximum): <i>include "dashes" (-) if applicable</i>
<b>Item 5.</b> Customer Info:			
Firm Name:		Telephone:	Ext.:      Fax: No.:
First Name:		Middle Initial:	Last Name:
Address Line 1:		P.O. Box:	
Address Line 2:		City:	State:
Country (if foreign address):		Zip/Postal Code:	
E-mail:			
<b>Item 6.</b> Test Firm Used to Take Measurements:			
Firm Name:		Telephone:	Ext.:      Fax No.:
First Name:		Middle Initial:	Last Name:
Address Line 1:		P.O. Box:	
Address Line 2:		City:	State:
Country (if foreign address):		Zip/Postal Code:	
E-mail:			
FCC Registered Test Site Number or Designation # under MRA or within USA			
<b>Item 7.</b>			SHORT-TERM request:
1.) 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 6/15/2004?			<input type="checkbox"/> Yes <input type="checkbox"/> No
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?			PERMANENT request: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Item 8.</b> Is this application for modular approval? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please submit a cover letter addressing the modular approval requirements of 15.212.</i>			
<b>Modular Type:</b> <i>(only complete if Item 8 is "Yes")</i>			
<input type="checkbox"/> Single Modular Approval		<input type="checkbox"/> Split Modular Approval	
<input type="checkbox"/> Limited Single Modular Approval		<input type="checkbox"/> Limited Split Modular Approval	
<b>Item 9.</b> *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Item 10.</b> Equipment Class: <i>3-digits required</i>		Enter a brief description of the product being marketed. (50 Character Limit)	

Continued on next page



**Item 11. \*Application is for:**

Original Equipment

Change in identification of presently authorized equipment:

Original FCC ID                                      Grant Date                                      MM/DD/YYYY format

Class II permissive change or modification of presently authorized equipment

Class III permissive change to software defined radio

*Note: this may only be filed for applications pertaining to Software Defined Radio*

---

**Item 12. Is the equipment in this application:**

\* (a) a composite device subject to an additional equipment authorization?                                       Yes     No

\* (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:**

has been granted under the FCC ID(s) listed to the right

is in the process of being filed under the FCC ID(s) listed to the right

is pending with the FCC under the FCC ID(s) listed to the right

has a mix of pending and granted statuses under the FCC ID(s) listed to the right

i.    FCC ID:  
ii.    FCC ID:  
iii.    FCC ID:  
iv.    FCC ID:

---

**(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 format

---

**Item 13. \* Equipment will be operated under FCC Rule Part(s):**

---

**Item 14. EQUIPMENT SPECIFICATIONS:     *Where applicable***

Frequency range in MHz		Rated RF power output <b>IN WATTS</b>	Frequency tolerance		Emission Designator (See 47 CFR 2.201 and 2.202)	FCC Rule Part (only use for Multiple Rules)	Grant Notes (Example-CC, MO)
Low Freq	High Freq		Value	%, Hz, ppm			

Please list additional frequencies on last page.

---

**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

---

**Continued on next page**

