

Vista Laboratories TCB Application Form 731

For Vista La	bs Use Only
Received Date:	
Project Number:	
Note:	

Web: www.vista-compliance.com

Email: info@vista-compliance.com

Phone: (949) 393-1123

• •			Note.				
Item 1. Applicant's complete, legal business name:							
Applicant's FCC Registration Number (FRN):							
Item 2. Applicant's mailing address:							
Line 1:							
Line 2:							
City: State:	Country:		Zip/Postal Code:				
<u>Item 3. Applicant Contact Person:</u>							
First Name:	Last Name:	Last Name:					
Title:	Telephone:						
E-mail:	Fax No.:						
Item 4. FCC ID Grantee Code:	Equipment Product Co	de (14 cha	racters maximum):				
consisting of:		•	include "dashes" (-) if applicable				
Item 5. Customer Info:			module quence () ii appineurie				
Firm Name:	Telephone:	Ext:	Fax: No.:				
First Name:	Middle Initial:	Last Nam	ne:				
Address Line 1:		Box:					
Address Line 2:	City:		State:				
Country (if foreign address): Zip/Postal Code							
E-mail:							
Item 6. Test Firm Used to Take Measurements:							
Firm Name:	Telephone:	Ext.:	Fax No.:				
First Name:	Middle Initial:	Last Nam	ne:				
Address Line 1:	P.O. Box:						
Address Line 2:	City:		State:				
Country (if foreign address):	Zip/Postal Code:						
E-mail:			<u>,</u>				
FCC Registered Test Site Number or Designation # under MRA or within USA							
 Item 7. 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? 2.) Does this application include a request for confidentiality for any portion(s) of PERMANENT request: 							
the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules?							
Item 8. Is this application for modular approval? ☐ Yes ☐ No							
If yes, please submit a cover letter addressing the modular approval requirements of 15.212.							
Modular Type: (only complete if Item 8 is "Yes") Single Modular Approval Limited Single Modular Approval Limited Split Modular Approval Item 9. *Is this application for software defined radio authorization? Yes No							
Item 10. Equipment Class: 3-digits required	_		uct being marketed				
tem 10. Equipment Class: 3-digits required Enter a brief description of the product being marketed. (50 Character Limit)							
Continued on next page							



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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 									
		t in this applica		<u>g</u>					
* (a) a composite device subject to an additional equipment authorization?								0	
* (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?					☐ Yes ☐ No				
If aithou of	the chave are	aatiana ia ana	wared (Wee	" complete co	ation 12 (a)				
	ne above qu ted application	<u>estions is ansv</u> on:	vered res	complete se	ection 12 (c).				
		er the FCC ID(s)	listed to the	riaht		i.	FCC ID:		
		ng filed under th			ght	ii.	FCC ID:		
		Cunder the FCC				iii.			
					isted to the right	iv.	FCC ID:		
		quest to defer g	rant of this a	pplication pur	suant	_			
47CFR 0	.457(d)(1)(ii)?	•				L	Yes N	0	
		date when grant					MM/DD/YYYY format		
		be operated u							
		ECIFICATIONS		applicable	Fraissian	1	FCC	Crant Natas	
Frequency ra	ange in MHZ	Rated RF power output	Frequenc	y tolerance	Emission Designator		FCC Rule Part	Grant Notes (Example-	
Low Freq	High Freq	IN WATTS	Value	%, Hz, ppm	(See 47 CFR 2.201			CC, MO)	
	ı				and 2.202)	N	fultiple Rules)		
Please list ad	dditional frequ	encies on last p	age.						
Equipment A	Authorization	<u> Waiver</u> *							
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								



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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).

SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

NOTE: An asterisk '*' preceding a field indicates it must be completed.
* Name & Title of Authorized Signature: (Typed) *Company Name of Person Signing Application:
If different from Applicant'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)
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.
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.
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.
Item 15. APPLICANT/AGENT CERTIFICATION:
Does the applicant or authorization agent so certify? ☐ Yes ☐ No
of a "party" for these purposes.
The application 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

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