

Form 731 Original Application

Form 731 Application Purpose

* Application Purpose

Original Application ▼

FCC ID Information

* Grantee Code

Reference

* Product Code

String

The equipment product code assigned by the grantee shall consist of a series of Arabic numerals, capital letters or a combination thereof, and may include the dash or hyphen (-). The total of Arabic numerals, capital letters and dashes or hyphens shall not exceed 14 and shall be one which has not been previously used in conjunction with the same grantee code, an application denied.

Save

DRAFT

* Primary Grantee Contact

Reference

Please specify the primary grantee contact associated on the grant of equipment authorization

FCC Registration Number (FRN)

Autopopulated and not modifiable

First Name

Autopopulated and not modifiable

Middle Name

Autopopulated and not modifiable

Last Name

Autopopulated and not modifiable

Title

Autopopulated and not modifiable

Grantee Company Phone Number

Autopopulated and not modifiable

Grantee Company Email

Autopopulated and not modifiable

Street Address 1

Autopopulated and not modifiable

Street Address 2

Autopopulated and not modifiable

P.O. Box

Autopopulated and not modifiable

Mail Stop

Autopopulated and not modifiable

City

Autopopulated and not modifiable

State

Autopopulated and not modifiable

Zip/Postal Code

Autopopulated and not modifiable

* Country

Autopopulated and not modifiable

Additional Grantee Contacts

Reference

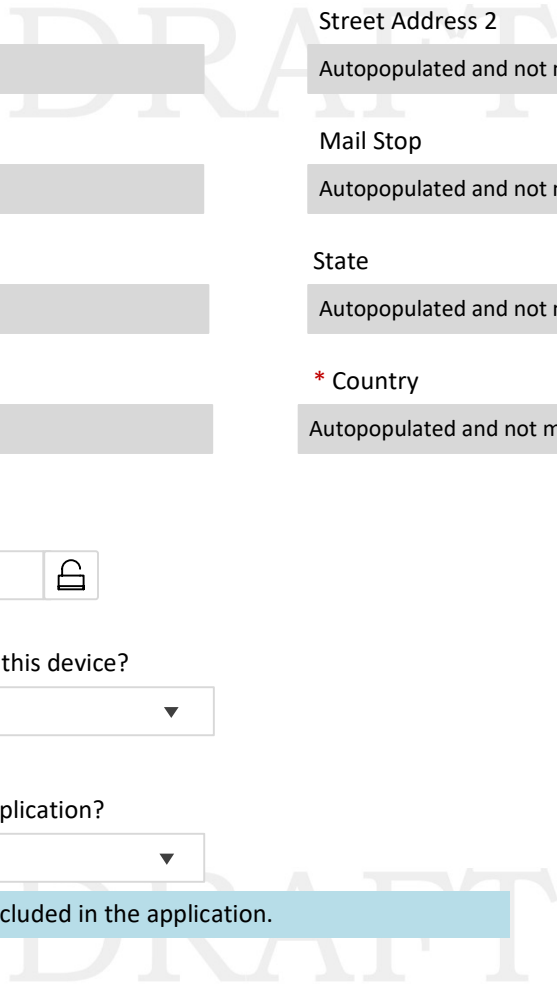
* Is there a US located representative for this device?

Choice Y/N

* Is there an agent associated with this application?

Choice Y/N

If Yes, an agent authorization must be included in the application.



* Contact Email Lookup

First Name

Autopopulated and not modifiable

Last Name

Autopopulated and not modifiable

Middle Name

Text

Title

Text

* Phone Number

Phone

Phone Extension

Integer

* Agent Firm Name

Text

Cancel

Submit

Save

DRAFT

* TCB Entity

* TCB Scope(s) For This Application

TCB User

This is the TCB User who created the submission.

* TCB Certification Decision Maker

* TCB Reviewer

TCB Additional Contacts

Select TCB contact(s) for this application.

DRAFT

Test Firm Information

* Test Firm Name

Test Firm Registration Number

Street Address 1

Street Address 2

P.O. Box

Mail Stop

City

State

Zip/Postal Code

Country

Additional Test Firm Contacts

Select Test Firm contact(s) for this application.

Additional Test Firms

Was all testing for this device completed at the testing laboratory or laboratories previously identified for this application? If not, specify additional test firms here.

Save

* Hearing Aid Compatibility

Is the device subject to hearing aid compatibility requirements?

RF Exposure

* RF Exposure Exemption

Is this device subject to RF Exposure Exemption?

Software Defined Radio (SDR)

* Is this application for software defined/cognitive radio authorization?

OET Knowledge Database (KDB) Inquiry

* KDB Tracking Number

Is there a OET Knowledge Database (KDB) Inquiry related to this device? If yes, enter tracking number

Modular Equipment

* Modular Type

Waiver

* Waiver

Is there a waiver associated with this application?

Product Description

* Product Description

Grant Comments

Pre Approval Guidance (PAG)

+ Add PAG

Is the device subject to Pre Approval Guidance (PAG)? If the device is subject to multiple PAG categories each PAG should be separately entered.

PAG Category

Choice Item

PAG Secondary Category

Choice Item

Cancel

Submit

* Technical Specifications

+ Add Technical Specifications

Equipment Class

Reference



Rule Part

Reference



Lower Frequency (MHz)

Integer

Upper Frequency (MHz)

Integer

Output Power (W)

Integer

Radiated/Conducted Measurement

Choice Item

Frequency Tolerance

Integer

Frequency Tolerance Units

Choice Item

Emission Designator

Integer

Grant Notes

Reference



Cancel

Submit

Save

Form 731 Confidentiality

Exhibits subject to Long-Term Confidentiality are specified later in the process.

* Short-Term Confidentiality

Does short-term confidentiality apply to this application?

Short-Term Confidentiality Release Date



Short-Term Confidentiality Release Date 45 Days

Selecting Yes will set the short-term confidentiality release date to 45 days from the grant date.

Exhibits

The following exhibits are required:

Exhibit Type
Declarations
Op Desc/Parts List-Tune
Up/Block Diagram/Schematics
Attestation/Cover
Letters/Waivers
Test Report/HAC
User Manual
Test Set Up Photos

* Exhibit Type



Description

Confidentiality

Applicant/Agent Certification

* Has the applicant or applicant's authorized representative provided information to the TCB regarding the requirements of 47 CFR 2.911(d)(1) (True and correct information provided) and 2.911(d)(2) (Anti-Drug Abuse Act of 1988 Compliance)?

* Has the TCB informed the grantee of the grantees responsibility in accepting the grant per 47 CFR 2.909?

Save

Submit To FCC

Form 731 – Class II Permissive Change Application

Form 731 Application Purpose

* Application Purpose

Class II Permissive Change ▼

FCC ID Information

* Original FCCID

Reference

Original Grant Date

Autopopulated and not modifiable

Save

* Primary Grantee Contact

Reference

Please specify the primary grantee contact associated on the grant of equipment authorization

FCC Registration Number (FRN)

Autopopulated and not modifiable

First Name

Autopopulated and not modifiable

Middle Name

Autopopulated and not modifiable

Last Name

Autopopulated and not modifiable

Title

Autopopulated and not modifiable

Grantee Company Phone Number

Autopopulated and not modifiable

Grantee Company Email

Autopopulated and not modifiable

Street Address 1

Autopopulated and not modifiable

Street Address 2

Autopopulated and not modifiable

P.O. Box

Autopopulated and not modifiable

Mail Stop

Autopopulated and not modifiable

City

Autopopulated and not modifiable

State

Autopopulated and not modifiable

Zip/Postal Code

Autopopulated and not modifiable

* Country

Autopopulated and not modifiable

Additional Grantee Contacts

Reference

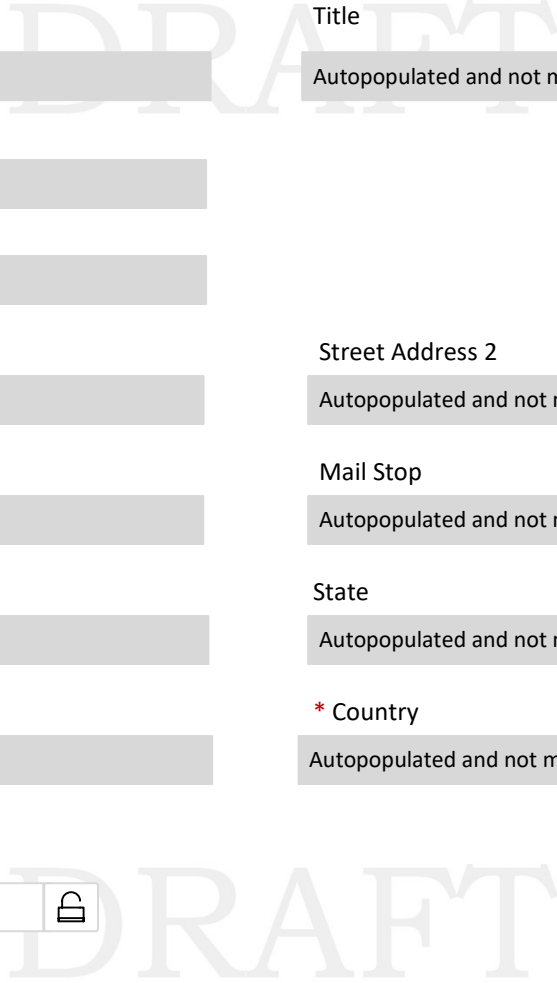
* Is there a US located representative for this device?

Choice Y/N

* Is there an agent associated with this application?

Choice Y/N

If Yes, an agent authorization must be included in the application.



* Contact Email Lookup

First Name

Autopopulated and not modifiable

Last Name

Autopopulated and not modifiable

Middle Name

Title

* Phone Number

Phone Extension

* Agent Firm Name

Cancel

Submit

Save

* TCB Entity

TCB User

This is the TCB User who created the submission.

* TCB Certification Decision Maker

TCB Additional Contacts

Select TCB contact(s) for this application.

* TCB Scope(s) For This Application

* TCB Reviewer

Test Firm Information

* Test Firm Name

Test Firm Registration Number

Street Address 1

Street Address 2

P.O. Box

Mail Stop

City

State

Zip/Postal Code

Country

Additional Test Firm Contacts

Select Test Firm contact(s) for this application.

Additional Test Firms

Was all testing for this device completed at the testing laboratory or laboratories previously identified for this application? If not, specify additional test firms here.

Save

* Hearing Aid Compatibility

Is the device subject to hearing aid compatibility requirements?

RF Exposure

* RF Exposure Exemption

Is this device subject to RF Exposure Exemption?

Software Defined Radio (SDR)

* Is this application for software defined/cognitive radio authorization?

OET Knowledge Database (KDB) Inquiry

* KDB Tracking Number

Is there a OET Knowledge Database (KDB) Inquiry related to this device? If yes, enter tracking number

Modular Equipment

* Modular Type

Waiver

* Waiver

Is there a waiver associated with this application?

Product Description

* Product Description

Grant Comments

* Carry Over Pre Approval Guidance (PAG)?

Choice Y/N

Does PAG associated with original application apply to this application?

Pre Approval Guidance (PAG)

+ Add PAG

Is the device subject to Pre Approval Guidance (PAG)? If the device is subject to multiple PAG categories each PAG should be separately entered.

PAG Category

Choice Item

PAG Secondary Category

Choice Item

Cancel

Submit

* Carry Over Technical Specifications?

Choice Y/N

Are the technical specification/line entries from the original application that apply to this application?

* Technical Specifications

+ Add Technical Specifications

Equipment Class

Reference



Rule Part

Reference



Lower Frequency (MHz)

Integer

Upper Frequency (MHz)

Integer

Output Power (W)

Integer

Radiated/Conducted Measurement

Choice Item

Frequency Tolerance

Integer

Frequency Tolerance Units

Choice Item

Emission Designator

Integer

Emission Designator

Integer

Grant Notes

Reference

Cancel

Submit

Save

Form 731 Confidentiality

Exhibits subject to Long-Term Confidentiality are specified later in the process.

*** Short-Term Confidentiality**

Does short-term confidentiality apply to this application?

Short-Term Confidentiality Release Date



Short-Term Confidentiality Release Date 45 Days

Selecting Yes will set the short-term confidentiality release date to 45 days from the grant date.

*** Carry Over Non-Confidential Attachments?**

Are there non-confidential attachments that should be carried forward from the original application that apply to this application?

Exhibits

The following exhibits are required:

- Exhibit Type
- Declarations
- Op Desc/Parts List-Tune
- Up/Block Diagram/Schematics
- Attestation/Cover
- Letters/Waivers
- Test Report/HAC
- User Manual
- Test Set Up Photos

*** Exhibit Type**



Description

Confidentiality

Applicant/Agent Certification

* Has the applicant or applicant's authorized representative provided information to the TCB regarding the requirements of 47 CFR 2.911(d)(1) (True and correct information provided) and 2.911(d)(2) (Anti-Drug Abuse Act of 1988 Compliance)?

* Has the TCB informed the grantee of the grantees responsibility in accepting the grant per 47 CFR 2.909?

Save

Submit To FCC

Form 731 – Change in FCC ID Application

Form 731 Application Purpose

* Application Purpose

Change in FCC ID ▼

FCC ID Information

* Grantee Code

Reference

* Product Code

String

The equipment product code assigned by the grantee shall consist of a series of Arabic numerals, capital letters or a combination thereof, and may include the dash or hyphen (-). The total of Arabic numerals, capital letters and dashes or hyphens shall not exceed 14 and shall be one which has not been previously used in conjunction with the same grantee code, an application denied.

* Original FCCID

Reference

Original Grant Date

Autopopulated and not modifiable

* Grantee Approved Change in FCC ID?

Choice Y/N ▼

Has the applicant received permission from the original grantee to change the FCCID?

Save

* Primary Grantee Contact

Reference

Please specify the primary grantee contact associated on the grant of equipment authorization

FCC Registration Number (FRN)

Autopopulated and not modifiable

First Name

Autopopulated and not modifiable

Middle Name

Autopopulated and not modifiable

Last Name

Autopopulated and not modifiable

Title

Autopopulated and not modifiable

Grantee Company Phone Number

Autopopulated and not modifiable

Grantee Company Email

Autopopulated and not modifiable

Street Address 1

Autopopulated and not modifiable

Street Address 2

Autopopulated and not modifiable

P.O. Box

Autopopulated and not modifiable

Mail Stop

Autopopulated and not modifiable

City

Autopopulated and not modifiable

State

Autopopulated and not modifiable

Zip/Postal Code

Autopopulated and not modifiable

* Country

Autopopulated and not modifiable

Additional Grantee Contacts

Reference

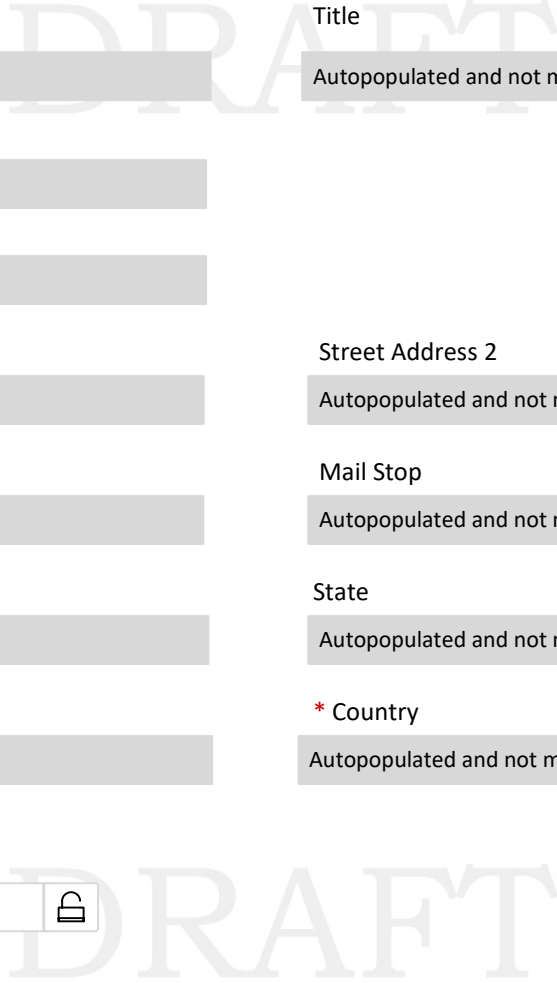
* Is there a US located representative for this device?

Choice Y/N

* Is there an agent associated with this application?

Choice Y/N

If Yes, an agent authorization must be included in the application.



* Contact Email Lookup

First Name

Autopopulated and not modifiable

Last Name

Autopopulated and not modifiable

Middle Name

Title

* Phone Number

Phone Extension

* Agent Firm Name

Cancel

Submit

Save

* TCB Entity

TCB User

This is the TCB User who created the submission.

* TCB Certification Decision Maker

TCB Additional Contacts

Select TCB contact(s) for this application.

* TCB Scope(s) For This Application

* TCB Reviewer

Test Firm Information

* Test Firm Name

Street Address 1

P.O. Box

City

Zip/Postal Code

Test Firm Registration Number

Street Address 2

Mail Stop

State

Country

Additional Test Firm Contacts

Select Test Firm contact(s) for this application.

Additional Test Firms

Was all testing for this device completed at the testing laboratory or laboratories previously identified for this application? If not, specify additional test firms here.

Save

* Hearing Aid Compatibility

Is the device subject to hearing aid compatibility requirements?

RF Exposure

* RF Exposure Exemption

Is this device subject to RF Exposure Exemption?

Software Defined Radio (SDR)

* Is this application for software defined/cognitive radio authorization?

OET Knowledge Database (KDB) Inquiry

* KDB Tracking Number

Is there a OET Knowledge Database (KDB) Inquiry related to this device? If yes, enter tracking number

Modular Equipment

* Modular Type

Waiver

* Waiver

Is there a waiver associated with this application?

Product Description

* Product Description

Grant Comments

* Carry Over Pre Approval Guidance (PAG)?

Does PAG associated with original application apply to this application?

Pre Approval Guidance (PAG)

+ Add PAG

Is the device subject to Pre Approval Guidance (PAG)? If the device is subject to multiple PAG categories each PAG should be separately entered.

PAG Category

PAG Secondary Category

Cancel

Submit

* Carry Over Technical Specifications?

Are the technical specification/line entries from the original application that apply to this application?

* Technical Specifications

+ Add Technical Specifications

Equipment Class

Rule Part

Lower Frequency (MHz)

Upper Frequency (MHz)

Output Power (W)

Radiated/Conducted Measurement

Frequency Tolerance

Frequency Tolerance Units

Emission Designator

Emission Designator

Integer

Grant Notes

Reference

Cancel

Submit

Save

Form 731 Confidentiality

Exhibits subject to Long-Term Confidentiality are specified later in the process.

*** Short-Term Confidentiality**

Choice Y/N

Does short-term confidentiality apply to this application?

Short-Term Confidentiality Release Date

Date Field



Short-Term Confidentiality Release Date 45 Days

Choice Y/N

Selecting Yes will set the short-term confidentiality release date to 45 days from the grant date.

*** Carry Over Non-Confidential Attachments?**

Choice Y/N

Are there non-confidential attachments that should be carried forward from the original application that apply to this application?

Exhibits

The following exhibits are required:

- Exhibit Type**
- Declarations
- Op Desc/Parts List-Tune
- Up/Block Diagram/Schematics
- Attestation/Cover
- Letters/Waivers
- Test Report/HAC
- User Manual
- Test Set Up Photos

*** Exhibit Type**



Choice Item

*** Description**

Text

*** Confidentiality**

Choice Item

Applicant/Agent Certification

*** Has the applicant or applicant's authorized representative provided information to the TCB regarding the requirements of 47 CFR 2.911(d)(1) (True and correct information provided) and 2.911(d)(2) (Anti-Drug Abuse Act of 1988 Compliance)?**

Choice Item

*** Has the TCB informed the grantee of the grantees responsibility in accepting the grant per 47 CFR 2.909?**

Choice Item

Save

Submit To FCC

Inquiry Submission Form

Submit an equipment authorization help request:

Your Contact Information

* First Name

* Last Name

Phone

* Email

Street Address

City

State ▼

Country ▼

Zip Code

Your Problem or Issue

* FCC System ▼

* Category 1 ▼

* Category 2 ▼

* Subject

* Description

Attachments



Description

Confidentiality ▼

Cancel

Submit

Sample Request Form

Sample Request

This form is used for TCBs to request a sample of a device they certified or enter a sample they requested offline into the FCC system

Request a Sample	Update Requested Sample
-------------------------	--------------------------------

* FCC ID

Sample Reference Number

Grant Date

Grantee Contacts

Grantee Name

TCB Contacts

TCB

Test Firm Contacts

Test Firm(s)

Agent Contacts

Enter/Edit Email Text

<This field contains the standard email text that is sent out as part of a sample request. The TCB is able to edit the text in this field as needed.>

Attachments Sent With Sample Request Email



Description

<input type="button" value="Cancel"/>	<input type="button" value="Submit to FCC w/o Sample Request Email"/>	<input type="button" value="Send Sample Request Email"/>
---------------------------------------	---	--

Sample Request

This form is used for TCBs to update the status of a previously requested sample.

Request a Sample **Update Requested Sample**

Status

Choice Item

State

Choice Item

Market Surveillance Test Laboratory

<Testing Laboratory> ⓘ

Market Surveillance Year

Date 🔍 ⓘ

Type of Test Performed

Multi-Select Choice Item

Attachments



Description

Text

Cancel Save

Form 731 – Grantee Code Request Form

New Grantee Code Request

Manage Filings ▾ New Filings ▾ Search ▾ KDB ▾

Home > Equipment Authorization System > Grantee > Grantee Code Registration

Grantee Code Registration

Disclaimer:

By clicking the proceed button you certify that you are authorized to enter or request changes to this grantee code. All of the statements herein and the exhibits attached hereto, are true and correct to the best of your knowledge and belief. Note that a grantee may authorize an agent to act on his / her behalf in making changes; however, the grantee remains responsible for all grantee information.

Upon completion of this filing, you will receive a five-character Grantee Code to be used when completing the FCC Form 731, Application for Equipment Authorization (there will be no digits zero and/or one in the Code). Please retain this Code for future reference. After successful completion of the Grantee Registration, you will be presented with the Fee Remittance Advice, FCC Form 159. The Form 159 may be submitted electronically (at least 128-bit encryption is required) or in paper form, along with payment to: Federal Communications Commission, Equipment Approval Services, P. O. Box 979095 St. Louis, MO 63197-9000.

Grantee Code

Grantee Information

* Complete Legal Business Name

* FRN

Are you acting as an Agent for the Grantee to obtain this Grantee Code?

Grantee's Mailing Address

* Street Address 1

Street Address 2

* P.O. Box

Mail Stop

* City

State

Zip/Postal Code

* Country

Company Phone

Company Email

Fax Number

Entity Contacts

+ Add Contact

New Contact

Please submit this form to add a new contact to our system

* Contact Email Lookup



First Name

Last Name

Contact Information

Middle Name

Courtesy Title

Phone Number

Title

Phone Extension

Primary Contact

Agent

Enter at least one contact above for the Grantee Code of the person at the grantee's address that the FCC may call regarding questions pertaining to this grantee or associated Equipment Authorization Applications (Form 731).

Grantee Code must be paid for within 30 days



~~Please upload the required information to justify and support your request.~~

Submit

TCB Designating Authority (TDA) Recognition Request Form

New TDA Request

Manage Filings ▾ New Filings ▾ Search ▾ KDB ▾

Home > New TDA Request

New TDA Request

TDA

* TDA Name

* FCC Registration Number (FRN)

* TDA Identifier

Mutual Recognition Agreement (MRA) Countries

TDA Group

* Country of Business

Address

* Street Address 1

Street Address 2

* P.O. Box

Mail Stop

* City

* State

* Zip / Postal code

* Country

Company Phone Number

Company Email

Fax Number

Entity Contacts

[+ Add Contact](#)

New Contact

Please submit this form to add a new contact to our system

* Contact Email Lookup

EASUATUser0@gmail.com



First Name

EAS

Last Name

UAT

Contact Information

Middle Name

Phone Number

Phone Type

Title

Phone Extension

Primary Contact

Key Personnel Roles

Cancel

Submit

Attachments

Description

Confidentiality

 Blank PDF Grant.pdf

-- None --



Please upload attachment

Submit

Telecommunications Certification Body (TCB) Recognition Request Form

TCB Recognition Request

Manage Filings ▾ New Filings ▾ Search ▾ KDB ▾

Home > TCB Request

Telecommunications Body (TCB) Designation Request Form

TCB

* TCB Name

TCB Identifier

Please create a TCB Identifier in the format [Your 2 Digit Country Code][4 alpha numeric characters] (example US1AB2)

* TCB Designating Authority (TDA)

* TCB Accreditor (TCBA)

* FCC Registration Number (FRN)

Address

* Street Address 1

Street Address 2

* P.O. Box

Mail Stop

* City

* State

* Zip / Postal code

* Country

Company Phone Number

Company Email

Fax Number

Entity Contacts

[+ Add Contact](#)

New Contact

Please submit this form to add a new contact to our system

* Contact Email Lookup



First Name

Last Name

Contact Information

Middle Name

Phone Number

Title

Phone Extension

Primary Contact

Key Personnel Roles

Cancel

Submit

TCB Scopes

[+ Add Scope](#)

Assign New Scope

TCB Scope

* Scope Name

ⓘ A3:Unlicensed Personal Communication System (PCS) devices ✕ ▼

* Maximum Frequency (MHz)

* Expiration Date

Cancel

Submit

Attachments

Description

Confidentiality

 Blank PDF Grant.pdf

-- None -- ▼



Please upload the required information to justify and support your request.

Submit

Telecommunications Certification Body Accrediting Body Recognition Form

TCBA Recognition Request

Manage Filings ▾ New Filings ▾ Search ▾ KDB ▾

Home > New TCBA Request

New TCBA Request

TCBA

TCBA

* Entity Name

* Country of Business

* FCC Registration Number (FRN)

Expiration Date

Address

* Street Address 1

Street Address 2

* P.O. Box

Mail Stop

* City

* State

* Zip / Postal code

* Country

Company Phone Number

Company Email

Fax Number

Entity Contacts

[+ Add Contact](#)

New Contact

Please submit this form to add a new contact to our system

* Contact Email Lookup

EASUATUser0@gmail.com



First Name

EAS

Last Name

UAT

Contact Information

Middle Name

Phone Number

Title

Phone Extension

Primary Contact

Key Personnel Roles

Cancel

Submit

Attachments

Description

Confidentiality

 Blank PDF Grant.pdf

-- None --



Please upload attachments.

Submit

Test Firm Accrediting Body Recognition Request Form

Test Firm Accrediting Body Recognition Form

TFAB

* Entity Name

* FCC Registration Number (FRN)

* Countries of Assessment

Expiration Date



Address

* Street Address 1

Street Address 2

* P.O. Box

Mail Stop

* City

* State

* Zip / Postal code

* Country

Company Phone Number

Company Email

Fax Number

Entity Contacts

[+ Add Contact](#)

New Contact

Please submit this form to add a new contact to our system

* Contact Email Lookup

EASUATUser0@gmail.com



First Name

Last Name

EAS

UAT

Contact Information

Middle Name

Phone Number

Title

Phone Extension

Primary Contact

Key Personnel Roles

Cancel

Submit

Attachments

Description

Confidentiality

 Blank PDF Grant.pdf

-- None --



Please upload the required information to justify and support your request.

Submit

Test Firm Recognition Request Form

New Test Firm Recognition Request

[Manage Filings](#) ▾ [New Filings](#) ▾ [Search](#) ▾ [KDB](#) ▾

[Home](#) > [Accredited Test Firm Request](#)

Accredited Test Firm Designation Request Form

Accredited Test Firm

* Test Firm Name

* Test Firm Designation Number

* Test Firm Accrediting Body (TFAB) Name

* Contract/Non-Contract

* FCC Registration Number (FRN)

Address

* Street Address 1

Street Address 2

* P.O. Box

Mail Stop

* City

* State

* Zip / Postal code

* Country

Company Phone Number

Company Email

Fax Number

Location

Comments

New Contact

Please submit this form to add a new contact to our system

* Contact Email Lookup



First Name

Last Name

Contact Information

Middle Name

Phone Number

Phone Type



Title

Phone Extension

Primary Contact

Key Personnel Roles

Cancel Submit

Test Firm Scopes

+ Add Scope

Attachments

Description

Confidentiality

 Blank PDF Grant.pdf

-- None --



Please upload the required information to justify and support your request.

Submit