

**FEDERAL COMMUNICATIONS COMMISSION**  
 Approved by OMB **FCC FORM 731**  
 3060-0057  
**APPLICATION FOR EQUIPMENT AUTHORIZATION**

For FCC use only	
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**SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED**

1. Applicant's complete, legal business name		Check here if this is a change in <input type="checkbox"/> name and/or address not previously <input type="checkbox"/> reported (See CFR §2.934)	
<b>SVS Nachrichtentechnik GmbH</b>			
2. Applicant's mailing address (Line 1)		Bureau Use Only	
<b>Linkstrasse 6</b>		Equipment Code:	
Applicant's mailing address (Line 2) (if required)		Engineer:	
City		Examiner:	
<b>Trochtelfingen</b>			
State or Country (if foreign address)	ZIP/Postal Code	3. FCC ID:	(b) Equipment Product Code
<b>Germany</b>	<b>D-72818</b>	(a) Grantee Code	(14 characters maximum, show zeros as Ø)
		<b>N   3   U</b>	<b>SHT-7</b>
4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions)			
<b>Mr. Wolfgang Simon</b>			
5. (a) Telephone No. (Area/Country/City Code, No. and Ext.)		(b) FAX No. (Area/Country/City Code and No.)	
<b>+49/7124-9286-0</b>		<b>+49/7124-4284</b>	
(c) Internet e-mail address:			

**SECTION II - See 47 CFR §1.1103 for Fee Type Code and Fees. Fee Type Codes are listed in Paragraph C of the attached instructions.**  
 Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Enter in Column (C) the result obtained from multiplying the Fee amount for the Fee Type Code in Column (A) by the number entered in Column (B). If requesting more than ONE service, enter additional Fee Type Code(s) in Section III below.

	(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(1)	<b>E   G   C</b>	<b>0   0   0   1</b>	<b>\$ 895</b>	

**SECTION III - Use only when requesting more than one service. If only one service is requested, complete only Section II and Section III, Item (5).**

	(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)		<b>0   0   0   1</b>	\$	
(3)		<b>0   0   0   1</b>	\$	
(4)		<b>0   0   0   1</b>	\$	
Add all amounts shown in column C, lines (1) through (4), and enter the total here. (5) This amount should equal your enclosed remittance.			TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING <b>\$ 895</b>	FOR FCC USE ONLY

**SECTION IV - Enter FCC ID from Page 1, Section I** ▶ FCC-ID: N3USHT-7

1.(a) Instead of Applicant, FCC is authorized to mail original Grant to: (See Instructions)

Firm Name,	<b>Senton GmbH</b>
number, street,	<b>Aeussere Fruehlingstrasse 45</b>
City,	<b>D-9415 Straubing</b>
State/Country,	<b>Germany</b>
ZIP/Postal Code	

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: (If 1.(a) is completed, this item must be completed)

**Johann Roidt, Manging Director, J.Roidt@Senton.de**

2.(a) Technical contact: Firm Name, Contact person, Number, street, City, State/Country ZIP/Postal code	<b>Senton GmbH</b> <b>Johann Roidt</b> <b>Aeussere Fruehlingstrasse 45</b> <b>D-94315 Straubing</b> <b>Germany</b>	(b) Telephone No. (Area/Country/City code, No. and Ext.) <b>+49 9421 55 22 13</b>
		(c) FAX No. (Area/Country/City code, and No.) <b>+49 9421 55 22 99</b>

(d) Internet e-mail address: **J.Roidt@Senton.de**

(e) Non-Technical contact: Firm Name, Contact person, Number, street, City, State/Country ZIP/Postal code	<b>Senton GmbH</b> <b>Johann Roidt</b> <b>Aeussere Fruehlingstrasse 45</b> <b>D-94315 Straubing</b> <b>Germany</b>	(f) Telephone No. (Area/Country/City code, No. and Ext.) <b>+49 9421 55 22 13</b>
		(g) FAX No. (Area/Country/City code, and No.) <b>+49 9421 55 22 99</b>

(h) Internet e-mail address: **J.Roidt@Senton.de**

3. Does this application include a request for confidentiality for an portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules? (See instructions)  Yes  No

4. Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions)  Yes  No

5. Type of equipment authorization requested (check ONE box only):  Certification  Type Acceptance  Notification

6.(a) Equipment Code and description: (See instructions, page 4)	(b) Equipment will be operated under FCC Rule Part(s):
<b>D S C</b>	<b>15.231</b>

7. Application is for (Check one box only)

<input checked="" type="checkbox"/> 1. Original equipment (See instructions)	<input type="checkbox"/> 2. Change in identification of presently authorized equipment  Original FCC ID _____ Grant date _____	<input type="checkbox"/> 3. Class II permissive change or modified of presently authorized equipment (See instructions)
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8. Equipment Specifications: (See instructions)

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance % , Hz, ppm	(d) Emission designator (See 47 CFR §2.201 and § 2.202)	(e) Microprocessor model number
<b>433.92 ± 0.15</b>	<b>N.A.</b> <b>(79.2 dBµV/m @ 3 m)</b>	<b>&lt; 0.01 %</b>	<b>5K00A1D</b>	<b>N.A.</b>

9. Is the equipment in this application:

(a) a composite device subject to more than one type of 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 items 10.(a) and (b). (See instructions)

**COMPLETE, SIGN and DATE Page 3**

FCC Form 731 - Page 2 of March 199

**SECTION IV (continued) - Enter FCC ID from Page 1, Section I** ▶ FCC-ID: N3USHT-7

10.(a) Additional type of equipment authorization required:

- Certification       Type Acceptance       Notification

(b) The related application checked in item 10.(a) (Check one box only)

- has been filed at the same time as this application under the FCC ID listed below       has been granted under the FCC ID below       is in the process of being filed under the FCC ID listed below       is pending with the FCC under the FCC ID listed below

FCC ID

11.(a) Name of test firm on file with the FCC, if different from applicant or contact person:

(b) Mailing address:  
Number, street,  
City,  
State/Country  
ZIP/Postal code

(c) Telephone No. (Area/Country/City code, No. and Ext.)

(d) FAX No. (Area/Country/City code, and No.)

(e) Internet e-mail address:

12. Number of exhibits submitted with this application: 6 (A-G)

**SECTION V - 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. CODE, TITLE 47, SECTION 503).**

**1. 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 authorized agent so certify?       Yes       No

**2.(a) 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 issued by 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.

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.



October 19, 1998

▲ Original written signature of authorized signer

▲ Date (Month, Day, Year)

Rainer Heller

Representative of Managing Director

▲ Typed/printed name of authorized signer

▲ Title of authorized signer

▼ Complete items below if an agent signs the application,

(b) Mailing address:  
Number, street,      **Senton GmbH**  
City,      **Aeussere Fruehlingstrasse 45**  
State/Country      **D-94315 Straubing**  
ZIP/Postal code      **Germany**

(c) Telephone No. (Area/Country/City code, No. and Ext.)

**+49 9421 55 22 0**

(d) FAX No. (Area/Country/City code, and No.)

**+49 9421 55 22 99**

(e) Internet e-mail address:      **J.Roidt@Senton.de**