



## FCC CERTIFICATION - APPLICATION FORM

### SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

#### 1. Applicant's complete, legal business name

Ubisense Limited

Tick here if this is a change in name and / or address not previously advised  
(See CFR Section 2.934)

#### 2. Applicant's mailing address (Line 1)

5445 DTC Parkway

**TRAC USE ONLY**

Equipment Code:

Applicant's mailing address (Line 2) (if required)

Engineer:

Suite 1110

Town / City: Denver, CO

Examiner:

Country: USA

Postal Code 80111

#### 3. Applicant's Federal Registration No. (FRN) 0010345833

4. FCC ID: (a) Grantee Code 

S	E	A
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 (b) Equipment Product Code (14 characters maximum, show zeros as Ø)  
**WATCH21**

#### 5. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact:

Jay Cadman, VP Sales & Marketing Americas

6. (a) **Telephone No.** (Area/Country/City Code, No. & Ext.)  
(720) 249 4149

(b) **Fax No.** (Area/Country/City Code & No.)

(c) **Internet e-mail address:** [jay.cadman@ubisense.net](mailto:jay.cadman@ubisense.net)

### SECTION II – CONTACT INFORMATION

1.

(a) **Instead of Applicant, original Grant shall be mailed to:** N/A

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: N/A

2. (a) **Technical contact:**  
Ubisense Limited,  
Andy Ward,  
St Andrew's House,  
St Andrew's Road, Chesterton  
Cambridge,  
CB4 1DL  
UK

b) Tel No. (Area/Country/City code, No. & Ext.)

+44 1223 535170

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

(d) **Internet e-mail address:** [andy.ward@ubisense.net](mailto:andy.ward@ubisense.net)

<p><b>(e) Non-Technical contact:</b> Ubisense Limited, Jay Cadman, 5445 DTC Parkway, Suite 1110, Denver CO 80111</p>	<p>f) Tel No. (Area/Country/City code, No. &amp; Ext.) (720) 249 4149</p>
	<p>g) Fax No. (Area/Country/City code, &amp; No.)</p>
<p><b>(h) Internet e-mail address:</b> <a href="mailto:jay.cadman@ubisense.net">jay.cadman@ubisense.net</a></p>	

### SECTION III –EQUIPMENT AUTHORISATION SUMMARY

1. <b>Confidentiality</b> Does this application include a request for confidentiality for a portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. <b>Defer</b> Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. <b>Type of equipment authorisation requested:</b>	<input checked="" type="checkbox"/> Certification			
4.(a) Equipment Code and description:	(b) Equipment will be operated under FCC Rule Part(s):  <table border="1" style="width: 100%;"><tr><td style="width: 33.33%;">D</td><td style="width: 33.33%;">X</td><td style="width: 33.33%;">X</td></tr></table> Part 15 C	D	X	X
D	X	X		
5. Application is for (Check one box only)				
<input checked="" type="checkbox"/> 1. Original equipment	<input type="checkbox"/> 2. Change in identification of presently authorised equipment	<input type="checkbox"/> 3. Class II permissive change or modified of presently authorised equipment		
Original FCC ID		Grant date		
6. Equipment Specifications:				
(a) Frequency range in MHz  2402.5 – 2480.5	(b) Rated RF power output in watts  0.0001W	(c) Frequency tolerance %, Hz, ppm  N/A	(d) Emission designator (See 47 CFR section 2.201 and section 2.202)  6002KF1D	(e) Microprocessor model number  CC2510F32 MSP430G2403
7. Is the equipment in this application:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) a composite device subject to more than one type of equipment authorisation?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b) part of a system that operates with, or is marketed with, another device that requires an equipment authorisation?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. a) <b>Additional type of equipment authorisation required:</b> <input checked="" type="checkbox"/> Certification			<input type="checkbox"/> Notification	
b) The related application checked in item 7.a) (Tick one box only)				
<input checked="" type="checkbox"/> has been filed at the same time as this application under the FCC ID listed below	<input type="checkbox"/> has been granted under the FCC ID below	<input type="checkbox"/> is in the process of being filed under the FCC ID listed below	<input type="checkbox"/> is pending with the FCC under the FCC ID listed below	
<u>SEAWATCH21</u>				
<b>FCC ID</b>				
9.a) <b>Name of test firm on file with the FCC</b> , if different from applicant or contact person:				
b) Mailing address,:  Number, street, Town / City, Country Postal code			c) Tel No. (Area/Country/City code, No. & Ext.)	
			d) Fax No. (Area/Country/City code, & No.)	
e) Internet e-mail address:				

**SECTION IV - Read each certification carefully before answering and signing this application.**

**WILFUL 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. Section 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 authorised agent so certify?

 Yes No**2.(a) APPLICANT/AGENT CERTIFICATION:**

I certify that I am authorised 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 Authorisation issued by the FCC as a result of the representations made in this application, the applicant is responsible for (1) labelling the equipment with the exact FCC ID specified in this application, (2) compliance statement labelling 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.

Authorising 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 authorisation 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 authorisation must be submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.



3/31/2013

Original written signature of authorised signatory

Date (Month, Day, Year)

Andy Ward

Chief Technology Officer

Typed / printed name of authorised signatory

Title of authorised signatory

Complete items below if an agent signs the application

b) Mailing address: Number, street, Town / City, Country Postal code	c) Tel No. (Area/Country/City code, No. & Ext.)
	d) Fax No. (Area/Country/City code, & No.)
e) Internet e-mail address:	