



FCC CERTIFICATION - APPLICATION FORM

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED				
1. Applicant's complete, legal business name Ubisense Limited				<input type="checkbox"/> 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
Applicant's mailing address (Line 2) (if required) Suite 1110 Town / City: Denver, CO Country: USA Postal Code 80111				Equipment Code: Engineer: Examiner:
3. Applicant's Federal Registration No. (FRN) 0010345833				
4. FCC ID: (a) Grantee Code	S	E	A	(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				

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	

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

SECTION III –EQUIPMENT AUTHORISATION SUMMARY									
1. Confidentiality 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. Defer 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. Type of equipment authorisation requested: <input checked="" type="checkbox"/> Certification									
4.(a) Equipment Code and description: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 10px auto; text-align: center;"> <div style="display: inline-block; width: 30px; height: 15px; border: 1px solid black; text-align: center;">D</div> <div style="display: inline-block; width: 30px; height: 15px; border: 1px solid black; text-align: center;">X</div> <div style="display: inline-block; width: 30px; height: 15px; border: 1px solid black; text-align: center;">X</div> </div>			(b) Equipment will be operated under FCC Rule Part(s): Part 15 C						
5. Application is for (Check one box only) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> <input checked="" type="checkbox"/> 1. Original equipment </td> <td style="width: 33%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> <input type="checkbox"/> 2. Change in identification of presently authorised equipment <div style="border-top: 1px solid black; width: 100%; position: relative; height: 30px;"> <div style="position: absolute; left: 0; bottom: 0; width: 50%; text-align: center;">Original FCC ID</div> <div style="position: absolute; right: 0; bottom: 0; width: 50%; text-align: center;">Grant date</div> </div> </td> <td style="width: 33%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> 3. Class II permissive change or modified of presently authorised equipment </td> </tr> </table>					<input checked="" type="checkbox"/> 1. Original equipment	<input type="checkbox"/> 2. Change in identification of presently authorised equipment <div style="border-top: 1px solid black; width: 100%; position: relative; height: 30px;"> <div style="position: absolute; left: 0; bottom: 0; width: 50%; text-align: center;">Original FCC ID</div> <div style="position: absolute; right: 0; bottom: 0; width: 50%; text-align: center;">Grant date</div> </div>	<input type="checkbox"/> 3. Class II permissive change or modified of presently authorised equipment		
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6. Equipment Specifications: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> (a) Frequency range in MHz 2402.5 – 2480.5 </td> <td style="width: 20%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> (b) Rated RF power output in watts 0.0001W </td> <td style="width: 20%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> (c) Frequency tolerance %, Hz, ppm N/A </td> <td style="width: 20%; border-right: 1px solid black; padding: 5px; vertical-align: top;"> (d) Emission designator (See 47 CFR section 2.201 and section 2.202) 6002KF1D </td> <td style="width: 20%; padding: 5px; vertical-align: top;"> (e) Microprocessor model number CC2510F32 MSP430G2403 </td> </tr> </table>					(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
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7. Is the equipment in this application: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> a) a composite device subject to more than one type of equipment authorisation? </td> <td style="width: 30%; padding: 5px; text-align: right;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td style="padding: 5px;"> b) part of a system that operates with, or is marketed with, another device that requires an equipment authorisation? </td> <td style="padding: 5px; text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table>					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	
a) a composite device subject to more than one type of equipment authorisation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
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8. a) Additional type of equipment authorisation required: <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Notification									
b) The related application checked in item 7.a) (Tick one box only) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input checked="" type="checkbox"/> has been filed at the same time as this application under the FCC ID listed below </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> has been granted under the FCC ID below <div style="border-top: 1px solid black; width: 100%; text-align: center;">SEAWATCH21</div> </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> is in the process of being filed under the FCC ID listed below </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> is pending with the FCC under the FCC ID listed below </td> </tr> </table> <div style="text-align: center; margin-top: 5px;"> <div style="border-top: 1px solid black; width: 100%;"></div> FCC ID </div>					<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 <div style="border-top: 1px solid black; width: 100%; text-align: center;">SEAWATCH21</div>	<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	
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9.a) Name of test firm on file with the FCC , 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.) <hr/> 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.



Original written signature of authorised signatory

Andy Ward

Typed / printed name of authorised signatory

3/31/2013

Date (Month, Day, Year)

Chief Technology Officer

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: