

**FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731  
APPLICATION FOR EQUIPMENT AUTHORIZATION**

Approved by OMB  
3060 - 0934  
Expires 2006-03-14

**Item 1. Applicant's complete, legal business name:** Vitelcom Mobile Technology S.A.

**Item 2. Applicant's mailing address**

Line 1: Parque Tecnológico de Andalucía

Line 2: Av. Juan Antonio Peñalver

P.O.Box:

City: Campanillas-Málaga

State: Málaga

Country (if foreign address): Spain

Zip/Postal Code: E-29590

**Item 3. FCC ID:** TKH-A155

Grantee code: TKH

**Equipment Product Code (14 characters maximum):** -A155

**Item 4. Person at the applicant's address to receive grant or for contact:**

First Name:

Mail Stop:

Last Name:

Telephone:

Title:

Ext:

E-mail:

Fax No:

**Item 5. Instead of Applicant, the original Grant is authorized to be mailed to:**

Centro de Tecnología de las Comunicaciones S.A. (CETECOM)

Parque Tecnológico de Andalucía

Severo Ochoa 2

E-29590 Campanillas, Málaga

SPAIN

ATTN: Ricardo Orejas

Phone: +34952619317

Fax: +34952619113

E-mail: rorejas@cetecom.es

**Item 6. Technical Contact:**

Firm Name: Vitelcom Mobile Technology, S.A.      Telephone: +34 952367590 Ext:    Fax No: +34 952367590

First Name: Rafael

Middle Initial:

Last Name: Abad

Address Line 1: Parque Tecnológico de Andalucía

P.O.Box:

Address Line 2: Av. Juan Lopez Peñalver

City: Campanillas - Málaga

Country (if foreign address): Spain

Zip/Postal Code: E-29590

E-mail: [rabad@vitelcom.es](mailto:rabad@vitelcom.es)

**Item 7. Non-Technical Contact:**

Firm Name: Vitelcom Mobile Technology, S.A.      Telephone: +34 952367590 Ext:    Fax No: +34 952367590

First Name: Rafael

Middle Initial:

Last Name: Abad

Address Line 1: Parque Tecnológico de Andalucía

P.O.Box:

Address Line 2: Av. Juan Lopez Peñalver

City: Campanillas - Málaga

Country (if foreign address): Spain

Zip/Postal Code: E-29590

E-mail: [rabad@vitelcom.es](mailto:rabad@vitelcom.es)

**Item 8. \*** Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR § 0.459 of the Commission Rules?

If "Yes" see instructions.

(please mark as appropriate)

Yes       No

**Item 9. Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)?**  
(See instructions) NO

If so, specify date when grant may be issued (MM/DD/YYYY format):

**Item 10.**

\* Equipment Class: PCE Licensed transmitter

\* Description of Product as it is Marketed: Triple band (850/1800/1900 MHz) GSM/GPRS mobile phone / Model: A155  
(NOTE: This text will appear below the equipment class on the grant)

**Item 11. \*** Application is for: (please mark as appropriate)

Original Equipment (See instructions)

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 (See instructions)

<b>Item 12. Is the equipment in this application:</b> * (a) a composite device subject to an additional equipment authorization? * (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? <i>If either of the above questions is answered "Yes" complete section 12(c).</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
<b>(c) The related application:</b> <input type="checkbox"/> has been granted under the FCC ID listed to the right <input type="checkbox"/> is in the process of being filed under the FCC ID listed to the right <input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right		FCC ID																								
<b>Item 13. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:</b> Firm Name: Centro de Tecnología de las Comunicaciones S.A.      Last Name: Telephone +34952619100      Ext      Fax No. +3495261913      E-mail: rorejas@cetecom.es																										
<b>Item 14. Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization.</b>  Model name: A155																										
<b>Read each certification carefully before answering and signing this application</b>																										
<b>Equipment Specifications:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Rule Part</th> <th>Frequency Range (MHz)</th> <th>Power (W)</th> <th>Frequency Tolerance and Units</th> <th>Emission Designator</th> <th>Note Codes</th> </tr> </thead> <tbody> <tr> <td>22H</td> <td>824.2 - 848.8</td> <td>4.27</td> <td>1.0 PM</td> <td>300KGXW</td> <td></td> </tr> <tr> <td>24E</td> <td>1850.2 - 1909.8</td> <td>0.65</td> <td>1.0 PM</td> <td>300KGXW</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Rule Part	Frequency Range (MHz)	Power (W)	Frequency Tolerance and Units	Emission Designator	Note Codes	22H	824.2 - 848.8	4.27	1.0 PM	300KGXW		24E	1850.2 - 1909.8	0.65	1.0 PM	300KGXW							
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<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTITUTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).</b>																										
<b>Item 15. *SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:</b> 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.																										
<b>Does the applicant or authorized agent so certify?</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
<b>Item 16. APPLICANT/AGENT CERTIFICATION:</b> 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.																										
<b>* Signature of Authorized Person Filing:</b> Rafael Abad (P.A.) 		<b>Title of authorized signature:</b> SW Validation Managing Director																								

**Complete items below if an agent signs the application**

**Firm Name:** Centro de Tecnología de las Comunicaciones S.A. (CETECOM, S.A.)

**Address Line 1:** Parque Tecnológico de Andalucía

**P.O.Box:**

**Address Line 2:** Severo Ochoa 2

**City:** Campanillas-Málaga

**Country (if foreign address):** Spain

**Zip/Postal Code:** E-25950

**Person at above address to receive Grant:**

**Last Name:** Orejas

**First Name:** Ricardo

**Mail Stop:**

**Title:** Type approval consultant

**NOTE: An asterisk '\*' preceding a field indicates it must be completed before this application can be submitted.**