

TCB Application Form 731

Reason for Amendment (current / obsolete)	Revision History		Approved Date
	From	To	
Initial Release (obsolete)	1.0	1.0	Feb-27-2006
Updated company template & Added text box (current)	1.0	2.0	Jan-31-2012



SIEMIC, Inc.

TCB Application Form 731

Rev 01 Nov 30, 2006

Shaded areas are REQUIRED

For SIEMIC Use Only	
Received Date:	
Project Tracking No.	
Completion Date:	

Item 1. *Applicant's complete, legal business name:			
inMusic Brands, Inc			
Applicant's FCC Registration Number (FRN): 0022102461			
Item 2. *Applicant's mailing address:			
Line 1: 200 Scenic View Drive, Suite 201 Cumberland, RI 02864, USA			
Line 2:			
P.O. Box:			
City: CUMBERLAND			
State: Rhode Island		Country (if foreign address): United States	Zip/Postal Code: 02864
Item 3. *Applicant Contact Person:			
First Name: Jacky		Last Name: Liao	
Title: Safety /EMI Dept Manager		Telephone: +866-2-2717-2389	
E-mail: jackyliao@numark.com.tw		Fax No.: +866-2-2717-2389	
Item 4. * FCC ID consisting of:	Grantee Code: Y4O	Equipment Product Code (14 characters maximum): -NPHA	
Item 5. Laboratory Contact: (if different from applicant)			
Firm Name: EST Technology Co.,Ltd		Telephone: +86-769-83081888	Ext: 801 Fax: No.: +86-769-83081878
First Name: Iceman		Middle Initial:	Last Name: Hu
Address Line 1: Santun Management Zone, Houjie District,		P.O. Box:	
Address Line 2:		City: Dongguan	State: Guangdong
Country (if foreign address): China		Zip/Postal Code: 523941	
E-mail: Iceman.Hu@gdest.cn		Telephone: +86-769-83081888	Fax: +86-769-83081878
FCC Registered Test Site Number. <i>Required for Part 15 and 18 applications.</i> 989591			
Item 6. Non-Technical Contact:			
Firm Name: EST Technology Co.,Ltd		Telephone: +86-769-83081888	Ext.: 801 Fax No.: +86-769-83081878
First Name: Iceman		Middle Initial:	Last Name: Hu
Address Line 1: Santun Management Zone, Houjie District,		P.O. Box:	
Address Line 2:		City: Dongguan, Guangdong	State:
Country (if foreign address): China		Zip/Postal Code: 523941	
E-mail: Iceman.Hu@gdest.cn			

Item 7. * Does this application include a request for SHORT-TERM confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004? * 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?		SHORT-TERM request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PERMANENT request: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Item 8. *Is this application for modular approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407.</i>					
Item 9. *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Item 10. Equipment Class: <i>3-digits required</i> DTS		Description of Product as it is marketed: Wireless Or Wired DJ Headphones			
Item 11. *Application is for: <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Change in identification of presently authorized equipment: <div style="display: flex; justify-content: space-between; margin-left: 100px;"> Original FCC ID Grant Date (MM/DD/YYYY) </div> <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio <i>Note: this may only be filed for applications pertaining to Software Defined Radio</i>					
Item 12. Is the equipment in this application: * (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>		<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>			
(c) The related application: <input type="checkbox"/> has been granted under the FCC ID listed to the right <input checked="" 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 Y4O-NPHA			
Item 13. * Equipment will be operated under FCC Rule Part(s): 15.247					
Item 14. EQUIPMENT SPECIFICATIONS: <i>Where applicable</i>					
Frequency range (MHz)		Rated RF power output (Watts)	Frequency tolerance (% , Hz, ppm)	Emission Designator (See 47 CFR 2.201 and 2.202)	
Low Freq	High Freq				
2402	2480	0.001982			

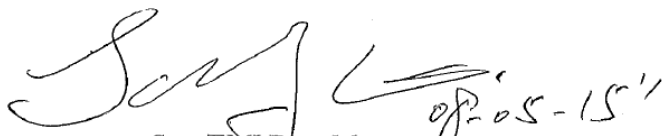
Read each certification carefully before answering and signing this application	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312 (a) (1)), AND/OR FORFEITURE (U.S. TITLE 47, SECTION 503).	

Item 15. 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 TCB, under the authority of 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.



Title of Authorized Signature: Safety /EMI Dept Manager

NOTE: An asterisk '*' preceding a field indicates it must be completed.