

FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB
3060-0057

FCC FORM 731

For
FCC
use
only

95463

APPLICATION FOR EQUIPMENT AUTHORIZATION

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 name and/or address not previously reported (See 47 CFR §2.934)

ALARM DEVICE MANUFACTURING COMPANY

2. Applicant's mailing address (Line 1)
160 EILEEN WAY

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

City: SYOSSET

State or Country (if foreign address): NEW YORK

ZIP/Postal Code: 11791

3. FCC ID: CIFIS (a) Grantee Code (b) Equipment Product Code (14 characters maximum, show zeros as 0)

8DL6128RFWL

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions)

KEN ADDY, DIRECTOR OF RADIO ENGINEERING, 160 EILEEN WAY, NY11791

5. (a) Telephone No. (Area/Country/City code, No. and Ext.)
516 921 6704 x6640

(b) FAX No. (Area/Country/City code and No.)
516 921 7182

(c) Internet e-mail address: ken-addy@ademco.com

Bureau Use Only

Equipment Code: DXE CXX

Engineer:

Examiner: LE

TO IN LABEL
FEDERAL COMMUNICATIONS COMMISSION
APPLICATION PROCESSING BRANCH
SEP 16 1999

SECTION II - See 47 CFR §1.1103 for Fee Type Codes 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)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(1) EEC	0 0 0 1	\$365.00	

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

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
(2)	0 0 0 1	\$	
(3)	0 0 0 1	\$	
(4)	0 0 0 1	\$	
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 \$365.00			FOR FCC USE ONLY

SECTION IV - Enter FCC ID from Page 1, Section I ▶ **GFS BDL 6128RFWL**

1.(a) Instead of Applicant, FCC is authorized to mail original Grant to: (See instructions)
 Firm name, number, street, City, State/Country, 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)

2.(a) Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code	KEN ADDY, ADOMCO 160 ELLEN WAY, SYOSSET, NY 11791	(b) Telephone No. (Area/Country/City code, No. and Ext.) 516 921 6704 x6640
		(c) FAX No. (Area/Country/City code and No.) 516 921 7182

(d) Internet e-mail address:

(e) Non-Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code	(f) Telephone No. (Area/Country/City code, No. and Ext.)
	(g) FAX No. (Area/Country/City code and No.)

(h) Internet e-mail address:

3. 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's Rules? If "Yes" see instructions. Yes No

4. Does the applicant request that the Commission 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) **PXC** (b) Equipment will be operated under FCC Rule Part(s): **Part 15 Subpart 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	<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See instructions)
_____ ORIGINAL FCC ID Grant date		

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
345MHz				

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)

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 listed 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

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 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.


Original written signature of authorized signer
MR. E. FREEMAN
▲ Typed/printed name of authorized signer

9/7/99
▲ Date (Month, Day, Year)
VICE PRESIDENT OF ENGINEERING
▲ Title of authorized signer

▼ Complete items below if an agent signs the application.

(b) Agent's business name, 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:

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING
358315
(1) LOCKBOX #

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

PAGE NO. 1 OF 1 FCC/MELLON

SPECIAL USE 00725844
FCC USE ONLY SEP 13 1999

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) ADEMCO SECURITY GROUP,		(3) TOTAL AMOUNT PAID (dollars and cents) \$ 365.00
(4) STREET ADDRESS LINE NO. 1 165 EILEEN WAY		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY STOSSET	(7) STATE NY	(8) ZIP CODE 11791
(9) DAYTIME TELEPHONE NUMBER (include area code) 516 921 6704 x6640		(10) COUNTRY CODE (if not in U.S.A.)

**IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)		
(12) STREET ADDRESS LINE NO. 1		
(13) STREET ADDRESS LINE NO. 2		
(14) CITY	(15) STATE	(16) ZIP CODE
(17) DAYTIME TELEPHONE NUMBER (include area code)		(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(18A) FCC CALL SIGN/MOTHER ID CF59DL6128RFLW	(20A) PAYMENT TYPE CODE (PTC) E E C	(21A) QUANTITY 1	(23A) FEE DUE FOR (PTC) IN BLOCK 20A \$ 365.00	FCC USE ONLY
(23A) FCC CODE 1	(24A) FCC CODE 2			
(18B) FCC CALL SIGN/MOTHER ID	(20B) PAYMENT TYPE CODE (PTC)	(21B) QUANTITY	(23B) FEE DUE FOR (PTC) IN BLOCK 20B	FCC USE ONLY
(23B) FCC CODE 1	(24B) FCC CODE 2			
(18C) FCC CALL SIGN/MOTHER ID	(20C) PAYMENT TYPE CODE (PTC)	(21C) QUANTITY	(23C) FEE DUE FOR (PTC) IN BLOCK 20C	FCC USE ONLY
(23C) FCC CODE 1	(24C) FCC CODE 2			
(18D) FCC CALL SIGN/MOTHER ID	(20D) PAYMENT TYPE CODE (PTC)	(21D) QUANTITY	(23D) FEE DUE FOR (PTC) IN BLOCK 20D	FCC USE ONLY
(23D) FCC CODE 1	(24D) FCC CODE 2			

Federal Communications Commission,
Equipment Approval Services,
PO Box 358315
Pittsburgh,
PA 15251-5315

ADEMCO,
165 Eileen Way,
Syosset,
NY 11791
9/7/99.

SUBJECT: Application for certification of Ademco's receiver
type 6128RFWL.

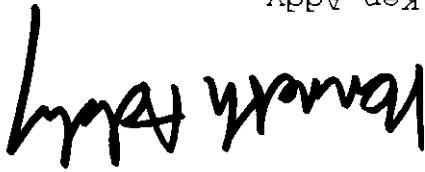
FCC ID: CFS8DL6128RFWL.

Dear Sir,

Please find enclosed a completed 731 form, a description
of the receiver, circuit schematics, label drawing, test report,
photographs, and application fee for certification of Ademco's
model 6128RFWL superhet receiver under FCC Rules and Regulations
Part 15.101 (b).

If you have any questions or require additional
information, please contact the undersigned.

Yours Sincerely,



Ken Addy,
Manager, Radio Eng.