## Timco Engineering, Inc.

## TCB Application Form 731 Rev 001201

## **Shaded areas are REQUIRED**

For Timco Use Only				
Job Number				
Scope				
Date Filed				
Conf. #				
Grant Note				

Item 1. Applicant's complete, legal business na	me:					
Columbia Telecommunications Group, Inc.						
Applicant's FCC Registration Number (FRN):						
Item 2. Applicant's mailing address: fill in	fields, as appro	priate				
Line 1: 395 Atlantic Avenue	jieus, us uppro	p. tore				
Line 2:						
P.O. Box:						
City: East Rockwaway						
	foreign address	s):	Zip/Postal Code:			
NY	Ö		11518			
Item 3. FCC ID, Grantee Code: Equip. P	roduct Code (1	4 characte	rs maximum):			
consisting of: GAF FRS-CS1						
Item 4. Person to receive grant: fill in f	ields, as approp	oriate				
First Name: Mario	Mail Stop	):				
Last Name: de Aranzeta	Telephon	e: 888-472-	2424			
Title: Engineer	Fax No.:	352-472-20	30			
E-mail: info@timcoengr.com						
Item 5. Test Firm Contact (if different then app	licant): fill in	fields, as ap	ppropriate			
Firm Name:	Telephone:	Ext:	Fax: No.:			
Timco Engineering, Inc.	888-472-		352-472-2030			
	2424					
First Name: Mario	Middle Initial: R	Last Name: de Aranzeta				
Address Line 1: 849 N.W. State Road 45         P.O. Box: P.O. Box 370						
Address Line 2:	City: Newber	rry	State: FL			
Country (if foreign address):	Zip/Postal Code: 32669					
E-mail: info@timcoengr.com						
Item 6a. Name of Test Firm and Contact Perso	n on file with t	he FCC:	Fimco Engineering, Inc.			
Item 6b. * If application is for Part 15 or 18 then FC	C Registered Test	t site number	is required: 95517			
Item 7. Non-Technical Contact if Different:						
Firm Name:	Telephone:	Ext.:	Fax No.:			
Timco Engineering, Inc.	888-472-		352-472-2030			
	2424					
First Name: Sharon	Middle	Last Name: Hoffman				
	Initial:A					
Address Line 1: 849 N.W. State Road 45		<b>P.O. Box:</b> P.O. Box 370				
Address Line 2: City: Newbe						
Country (if foreign address): Zip/Postal Code: 32669						
E-mail: sharon@timcoengr.com						
Item 8. * Does this application include a request for confidentiality for any portion(s) of						
the date contained in this application pursuant to 47 CFR 0.459 of the Commission  Pulse?  Yes No						

Item 9. Equipment Class: FRF	3-digits required		Description of Product as it is marketed: Family Radio Transceiver			
Item 10. *Application is for:						
Original Equipment						
Change in identification	the state of the s					
	Original FCC ID		Grant Date (M	IM/DD/YYYY)		
Class II permissive cha			horized equipn	nent		
Item 11. Is the equipmen			de opimation 9	□ Vaa □ Na		
* (a) a composite device s	ubject to an additiona	i equipment au	norization?	∐ Yes ⊠ No		
* (b) part of a system that	operates with, or is m	arked with, and	other device			
that requires an equipmen	t authorization?			Yes No		
If either of the above que	estions is answered "Y	Yes" complete s	section 11 (c).			
(c) The related applicati				FCC ID		
has been granted under						
is in the process of being						
is pending with the FC			1t			
* Equipment will be open 95	rated under FCC R	tule Part(s):				
Item 12. EQUIPMENT S						
Frequency range in MHz	Rated RF power	F power Frequency Emission		Microprocessor		
	output	tolerance Designat (See 47 CF		or model number		
	IN WATTS	%, Hz, ppm 2.201 and 2.202				
462.5625 467.7125	.250	.00025 %	10KOF3E			
Read each cert	ification carefully be	fore answerin	g and signing	this application		
WILLFUL FALSE STATEME						
(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 13. 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.						
Tar soco						

## Item 14. 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.

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*Signature of Authorized Applicant: Mario R. de Aranzeta							
Title of Authorized Signature: Engineer							
Complete items below if an agent signs the application							
Firm Name:	7	Telephone:		Ext.:	Fax No.:		
Timco Engineering, Inc.	8	888-472-2424			352-472-2030		
First Name: Mario	N	Middle Initial: R		Last Name: de Aranzeta			
<b>Address Line 1:</b> 849 N.W. State Road 45 <b>P.O. Box:</b> 370							
Address Line 2:							
City:	State:	Country (	Country (if foreign address):		Zip/Postal Code:		
Newberry	FL				32669		
NOTE: An asterisk '*' preceding a field indicates it must be completed.							