

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 name:

Columbia Telecommunications Group, Inc.

Applicant's FCC Registration Number (FRN):

Item 2. Applicant's mailing address: *fill in fields, as appropriate*

Line 1: 395 Atlantic Avenue

Line 2:

P.O. Box:

City: East Rockaway

State:

NY

Country (if foreign address):

Zip/Postal Code:

11518

Item 3. FCC ID,
consisting of:

Grantee Code:
GAF

Equip. Product Code (14 characters maximum):
FRS-CS14

Item 4. Person to receive grant: *fill in fields, as appropriate*

First Name: Mario

Mail Stop:

Last Name: de Aranzeta

Telephone: 888-472-2424

Title: Engineer

Fax No.: 352-472-2030

E-mail: info@timcoengr.com

Item 5. Test Firm Contact (if different then applicant): *fill in fields, as appropriate*

Firm Name:

Timco Engineering, Inc.

Telephone:

888-472-
2424

Ext.:

Fax No.:

352-472-2030

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: Newberry

State: FL

Country (if foreign address):

Zip/Postal Code: 32669

E-mail: info@timcoengr.com

Item 6a. Name of Test Firm and Contact Person on file with the FCC: Timco Engineering, Inc.

Item 6b. * If application is for Part 15 or 18 then FCC Registered Test site number is required: 95517

Item 7. Non-Technical Contact if Different:

Firm Name:

Timco Engineering, Inc.

Telephone:

888-472-
2424

Ext.:

Fax No.:

352-472-2030

First Name: Sharon

Middle
Initial: A

Last Name: Hoffman

Address Line 1: 849 N.W. State Road 45

P.O. Box: P.O. Box 370

Address Line 2:

City: Newberry

State: FL

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 Rules?

☐ Yes ☒ No

[illegible]

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.

***Signature of Authorized Applicant: Mario R. de Aranzeta**

Title of Authorized Signature: Engineer

Complete items below if an agent signs the application

Firm Name: Timco Engineering, Inc.	Telephone: 888-472-2424	Ext.:	Fax No.: 352-472-2030
First Name: Mario	Middle Initial: R	Last Name: de Aranzeta	
Address Line 1: 849 N.W. State Road 45		P.O. Box: 370	
Address Line 2:			
City: Newberry	State: FL	Country (if foreign address):	Zip/Postal Code: 32669

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