

Application Form for
**APPLICATION FOR BROADCASTING RADIO SPECTRUM
LICENSE**

1. Applicant details

Name / Company / Organisation:

Full address of the company HQ

Main Contact

Contact E-mail

Office Tel:

Position:

Mobile Tel:

2. INVOICING INFORMATION (IF DIFFERENT FROM ABOVE)

Name / Company / Organisation:

Full address

Invoicing contact:

Contact email:

Office Tel:

Position:

Tell no:

3. Application Type

New Application

Renewal

Modification

Cancellation

4. FOR NCA INTERNAL USE

For Spectrum Planning Section:	
Date Received:	
Approved:	Not Approved:
License Number:	Staff No.
Remarks:	
Date Completed:	
For Spectrum Management Section:	
Date Received:	
Approved:	Not Approved:
License Number:	Staff No.
Remarks:	
Date Completed:	

5. TYPE OF LICENSE APPLIED FOR:

Commercial Radio Broadcasting (FM)	
Community Radio broadcasting (FM)	
Digital Terrestrial TV	
Digital Terrestrial Radio	
Digital Video Broadcasting - handheld	

6. MULTIPLEXER/TRASNMITTER SITE DATA (For each Multiplexer/Transmitter in the Network)

Requested start date of license:	
Transmitter/ Multiplexer site information:	
Site address	
Site coordinates	
Technical details:	
Frequency /channel	
Transmitter power	
Equipment manufacturer	Equipment model
Antenna Manufacturer	Antenna Model
Antenna type	Antenna height
Antenna polarisation	
Antenna radiation pattern (if directional, state direction and max ERP)	
Service area	
Service offered	
Operation Hours (Local Time)	
Area for which license is required*:	

Centre point:	Lat:		Long:		Radius (kms)			
Northern limit:	Lat:		Long:		Western limit:	Lat:		Long:
Southern Limit:	Lat:		Long:		Eastern limit:	Lat:		Long:

7. Current spectrum Utilizations (Please attach):

Frequency Band (MHz)	Frequency (MHz)	Channel	Bandwidth

FOR DIGITAL TERRESTRIAL MULTIPLEXER NETWORK LICENSES

8. Documents to be Enclosed

- Company Registration
- Network Diagram
- Detailed Technical Specifications
- Ministry of Information approval/authorization

9. Applicant's Declaration

I declare that:

- The information provided in this application is complete and correct;
- Any equipment and / or radio spectrum licensed as a result of this application will be used in compliance with NCA Laws and Regulations;
- I / we will notify NCA of any changes to the information provided;
- I am authorized to sign this application on behalf of the applicant.

Name:

Designation:

Full residential
address:

Email:

Telephone no.

Signature:

Date:

Official stamp: