



# National Communications Authority



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## APPLICATION FOR TELECOMMUNICATIONS DEALERS/SERVICE PROVIDERS LICENCE

### APPLICATION PROFILE

Entity Name	<input type="text"/>	Application Date: DD/MM/YY	<input type="text"/>
Owner Name:	<input type="text"/>	Service Start Date: DD/MM/YY	<input type="text"/>
Office Address:	<input type="text"/>	Service End Date: DD/MM/YY	<input type="text"/>
Phone Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Website:	<input type="text"/>		

### CREDENTIALS OF CONTACT PERSON

Full Name:	<input type="text"/>		
Address:	<input type="text"/>		
Nationality:	<input type="text"/>	Designation:	<input type="text"/>
Passport Number/NIN:	<input type="text"/>	Phone Number:	<input type="text"/>

### LICENSE DESCRIPTION

<p><b>Broadcast Service Type</b></p> <p><input type="checkbox"/> TV      <input type="checkbox"/> FM</p> <p>Give further details on separate sheet of paper</p> <p>Name of Person/Organization responsible for payment of Bills:</p> <input type="text"/>	<p>Authorized Broadcast Area (s)</p> <input type="text"/> <p>(Attach certified copy of Broadcast Permit)</p>
<p><b>Zone of Operation</b></p> <p>Central Zone: <input type="checkbox"/>      South-East: <input type="checkbox"/></p> <p>North-East: <input type="checkbox"/>      South-West: <input type="checkbox"/></p>	<p><b>Coverage Area: (Districts Name Only)</b></p> <input type="text"/>

## TECHNICAL INFORMATION

To fill this section. Knowledge of technical personnel will be required

### TRANSMIT SITE DETAILS

Name:	<input type="text"/>
Land Registration Number:	<input type="text"/>
Road/Area:	<input type="text"/>

### GEOGRAPHICAL COORDINATE

Latitude: Degrees	<input type="text"/>	Minute	<input type="text"/>	Second	<input type="text"/>	N/S	<input type="text"/>
Longitude: Degrees	<input type="text"/>	Minute	<input type="text"/>	Second	<input type="text"/>	N/S	<input type="text"/>

Altitude Above Sea Level	Relative height around 15-kilometre radius:
<input type="text"/>	<input type="text"/>

### Equipment and Performance Characteristics

Name:	<input type="text"/>		
Model:	<input type="text"/>	Serial Number:	<input type="text"/>
Carrier Output:	<input type="text"/>		
Effective Radiated Power (dBW):	<input type="text"/>		
Transmission System (Applicable to FM Systems only):			
<input type="checkbox"/>	System 1: Monophonic, Maximum Deviation +/- 75 kHz		
<input type="checkbox"/>	System 2: Monophonic, Maximum Deviation +/- 50 kHz		
<input type="checkbox"/>	System 3: Stereophonic, Polar Modulation, Maximum Deviation +/- 50 kHz		
<input type="checkbox"/>	System 4: Stereophonic, Pilot Tone system, Maximum Deviation +/- 75 kHz		
<input type="checkbox"/>	System 5: Stereophonic, Pilot Tone system, Maximum Deviation +/- 50 kHz		
RF Bandwidth: Hz	<input type="text"/>		
IF Bandwidth at -3dB level: Hz	<input type="text"/>		
RF Filter Loss: dB	<input type="text"/>		

**Transmitter Antenna Details:**

i) Type of Antenna:

ii) Antenna Height Above ground level:

iii) Relative Antenna Height around a 15-kilometre radius:

iv) Radiation Pattern:

a) Omnidirectional Yes  No

b) If not Omnidirectional provide the following details:

Azimuth of the Main Lobe

Angular Beam width of the main lobe at the 3 dB points

Radiation suppression at every 10 degrees (use a separate sheet)

Antenna Gain in dBi:

**Feeder**

i) Feeder Type:

ii) Attenuation per metre: dB

iii) Total Feeder Loss

**MISCELLANEOUS DATA**

a) Hours of Operation: From  Hrs to  Hrs

b) Proposed date of Commencement of Service:

**DECLARATION**

**DECLARATION (False declaration is liable to stiff legal/financial penalties)**

By signing this form, I confirm that the information provided is correct and complete to the best of my knowledge and belief. I declare that I am responsible for compliance with the licence and control and supervision of the equipment which is the subject of the licence and have due authority to make this declaration and sign this application

Applicant Full Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_