



National Communications Authority



13 Regent Road, Hill Station, P.O. Box 121, Freetown, Sierra Leone.
Tel: +232 75 105000/ +232 76 929422/ +232 76 630640
Email: info@natca.gov.sl Website: www.natca.gov.sl

FREQUENCY APPLICATION FORM

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 PERSON TO CONTACT IN CASE OF ANY DOUBT

Name of contact person:	<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

Service Area <input type="checkbox"/> Community <input type="checkbox"/> Regional <input type="checkbox"/> National	Frequency: (Tick as appropriate)		
	<input type="checkbox"/> GSM 900	<input type="checkbox"/> IMT 2000	<input type="checkbox"/> WiMAX
	<input type="checkbox"/> GSM 1800	<input type="checkbox"/> CDM/PCS 1900	<input type="checkbox"/> HF
	<input type="checkbox"/> CDMA 450	<input type="checkbox"/> VHF 450	<input type="checkbox"/> Other(specify)
	<input type="checkbox"/> CDMA 800	<input type="checkbox"/> Microwave	

No. of Channels/Band: *indicate (where appropriate) for each service selected above*

Zone of Operation

Central Zone: South-East:
 North-East: South-West:

**Coverage Area:
(Districts Name Only)**

TECHNICAL PROFILE**(You may need to contact your suppliers to assist in completing this part of the form)****Type of service**

Voice Data
 Data and voice Video

Total number of radios to be used

Base station Mobile (Vehicles)
 Data Mobile (Portables)

Method of operation (tick as appropriate)

Single Frequency Operation (simplex) Dual Frequency Operation (duplex)

Method of operation (tick as appropriate)

If you are taking over an existing licence are all the technical details the same? YES NO

If NO what are the changes?

Will you be using a base station? (a base station is define as a radio transceiver attached to a permanently fixed antenna) (tick the appropriate box) YES NO

Location: Physical Address & Geographical coordinates of site(s)

Technical Characteristics per site:

Output Power of Equipment
 Type and gain of antenna
 Height of antenna above sea level
 Height of antenna above ground level
 Azimuth
 Frequency stability

What type of Base Antenna would you like to use with your base station? (you should not purchase any equipment including the NO antenna until you have received your licence since NATCOM may require you to use a specific type of antenna to ensure minimum interference is caused to other co-channel operators)

Omni-directional Antenna

Directional Antenna (yaggi)

Dipole Antenna

Angle of tilt between the horizontal plane in degrees

Downfire Antenna

Direction of Antenna in degree, east of north

Radiating cable

Other (specify)

What is the gain of your selected antenna?

DECLARATION

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 license and control and supervision of the equipment which is the subject of the license and have due authority to make this declaration and sign this application

Applicant Full Name: _____

Signature: _____

Date: _____