



National Communications Authority



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APPLICATION FOR POINT-TO-POINT LICENCE

APPLICATION PROFILE

Entity Name:

Office Address:

Phone Number:

Email Address:

Website:

Application Date: DD/MM/YY

Service Start Date: DD/MM/YY

Service End Date: DD/MM/YY

Registration No:

Company trade name (if different from above)

CREDENTIALS OF CONTACT PERSON

Full Name:

Address:

Nationality:

Designation:

Passport Number/NIN:

Phone Number:

CREDENTIALS OF OWNER(s), PARTNER(s), OR DIRECTOR

First Name	Last Name	Address	Nationality	Designation	Passport Number /NIN

*Please Attach Certificate of Incorporation, Certified True copy of Article & Memo of Association and Tax Clearance Certificate.

Equipment Supplier Details

Company Name	
Contact Name	
Address	
Phone	
Email	

GENERAL LINK DETAILS

Type of Application →	New <input type="checkbox"/>	Amendment <input type="checkbox"/>	Replacement <input type="checkbox"/>
Please state the quantity of point-to-point links being applied for →			
Details of existing licences (if applicable) →			
If an amendment to an existing licence is requested, please state the details of amendment →			
Purpose of the licence →			
Please indicate the type of transmission to be used	Voice <input type="checkbox"/>	Voice and Data <input type="checkbox"/>	Video <input type="checkbox"/> Data <input type="checkbox"/>

EQUIPMENT IN THE SYSTEM (TECHNICAL DETAILS)

Separate sheets of paper should be used for each site

Field	Details / Options	
1. Address of transmitting site		
2. Geographical coordinates of transmitting site	Longitude (W):	Latitude (N):
3. Equipment Manufacturer		
4. Equipment Model		
5. Maximum Transmit Power		
6. Equipment Standard (ETSI etc.)		
7. Equipment Emission Designation		
8. Antenna Manufacturer		
9. Antenna Model		
10. Maximum Gain (dBi)		
11. Polarization of Antenna	Vertical <input type="checkbox"/>	Horizontal <input type="checkbox"/> Circular <input type="checkbox"/>
12. Antenna Height (m)	Above ground level: <input type="text"/>	Above sea level: <input type="text"/>

DECLARATION

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

I/We hereby certify that the information supplied in this application form is true in all respects and I/We hereby give an undertaking that upon grant of the Licence, I/We shall abide by the terms and conditions upon which the Licence is granted. I/We accept that my/our Licence may be revoked, and the appropriate penalty applied if it is established that I/We have been granted Licence based on incorrect information.

Applicant Full Name: _____

Signature: _____ Date: _____

Certified Passport Photographs (3 copies) of authorised representative & Company Seal.

