



National Communications Authority



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APPLICATION FOR TYPE APPROVAL

APPLICATION PROFILE

Entity Name	<input type="text"/>	Application Date: DD/MM/YY	<input type="text"/>
Name of CEO:	<input type="text"/>	Service Start Date: DD/MM/YY	<input type="text"/>
Business Location:	<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"/>	Official Email:	<input type="text"/>
Nationality:	<input type="text"/>	Designation:	<input type="text"/>
Passport Number/NIN:	<input type="text"/>	Phone Number:	<input type="text"/>

LICENSE DESCRIPTION

Nature of Applicant (please tick as applicable) <input type="checkbox"/> Individual <input type="checkbox"/> Non-Profit Organisation <input type="checkbox"/> Private Company	Technical Name of Equipment <input type="text"/>
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Indicate Network Purpose and Description of Equipment Uses

EQUIPMENT SPECIFICATION

Manufacturer/Trade Name: →	
Type: →	
Model: →	
Country of Manufacture/Assembly: →	
Year of Manufacture: →	
RF Channel Spacing: →	
Operating Frequency Range: →	

STANDARDS AND COMPLIANCE

(Please tick as applicable)

Does the equipment have any Test Certificates or Compliance Standards. Yes No

If yes, please provide the following:

Test Certificate No	Issuing Body	Relevant

Required Documents (Please Tick Applicable Document(S) Attached To This Application)

1. Certificate of Registration (For companies)	4. GST Registration Certificate
2. ID Document (Passport, Driver's License, Voter ID, National ID - Individuals)	5. Evidence of Fee Payment
3. Legal Registration Document (Other types of Organisations)	6. Other relevant document(s)

DECLARATION

Please note that false Declaration is punishable by law:

I/We hereby certify that, to the best of my/our knowledge, the information contained in this application form is true in all respects. I/We hereby give an undertaking that, upon a grant of a type of approval, I/We shall abide by these Regulations, the guidelines and any terms and conditions upon which the type approval is granted. I/We accept that the type approval may be revoked, and the appropriate penalty applied if it is established that I/We have been granted the type approval based on incorrect information.

Applicant Full Name: _____

Designation: _____

Signature: _____

Date: _____