

APPLICATION FORM FOR TELECOMMUNICATION EQUIPMENT LICENSE
(Applicant form)

Organization or Applicant

1. Name: _____
2. Address: _____
3. Contact: _____
Phone: _____ Fax: _____
E-mail: _____

4. Status of Organization :

- Government
- Semi-government
- Private
- International
- Individual
- Volunteer
- Other (specify)

5. Nature of service :

- Recreational
- Social welfare
- Political
- Public entertainment
- Safety emergency
- Exploration
- Other (specify)

6. Type of service :

- Aeronautical
- Broadcasting
- Fixed
- Land Mobile
- Maritime Mobile
- Radiodetermination
- Other (specify)

7. OFFICE USE ONLY :

- Date of received: _____
- Date of receipt fee : _____
- Date of license issue : _____
- License number : _____
- Payment type : _____
- Amount received: _____
- Expiry Date: _____

A: Transmitter Specifications

8. Station Name: _____
9. Class of Station : _____
10. Complete Address of Transmitter:
Township: _____ City: _____
Address: _____
Phone: _____ Fax: _____
Deg. min. sec. _____
11. Latitude: N _____
12. Longitude: E _____
13. Height above Sea Level (m): _____
14. Call sign: _____

B: Transmitter Equipment

15. Class of Emission: _____
16. Transmitter output power (W) : _____
17. Type of Power Delivered to Antenna:
X Y Z
18. Power Delivered to Antenna (W) : _____
19. Max. Radiated Power (W): _____
20. Type of Radiated Power:
EIRP ERP EMRP
21. Duplex type: S1 S2 D
22. Manufacturer: _____
23. Serial No.: _____
24. Model: _____

C: Antenna Characteristics

25. Antenna Type: _____
26. Max. Gain (dB): _____
27. Gain of the Major SideLobe (dB): _____
28. Antenna Height above the ground (m): _____
29. Main Lobe Azimuth (Deg.): _____
30. Main Lobe Elevation Angle (Deg.): _____
31. Horizontal Beamwidth (Deg.): _____
32. Vertical Beamwidth (Deg.): _____
33. Preference of beamwidth: _____ 6dB 3dB
34. Polarization: H V SR SL CR CL D M L999
35. Serial No.: _____

D: Receiver Equipment

36. Name of Station: _____
37. Complete Add. of Receiver No. _____ : _____
Phone: _____ Fax: _____
Deg. min. sec. _____
38. Latitude: N _____
39. Longitude: E _____
40. Height above Sea Level (m): _____
41. Sensitivity (Microvolt): _____
42. TX and RX distance (km): _____
43. Radius (km): _____

E: Transmitter Frequency

44. Assigned Frequency (MHz): _____
45. Reference (Carrier) Frequency (MHz): _____
46. Reception Frequency (MHz): _____
47. Number of Channel(s): _____
48. Band width (kHz): _____
49. Operating Hours: _____
50. Usage Season: _____

51. I/we,,the under signed hereby acknowledge the accuracy of the above information ,and undertake any problem resulted from the shortcoming or inaccuracy of the said information.

Date and signature: _____ Phone: _____
52. Full name of the related expert: _____ completed uncompleted Date and Signature

53. To the Mr./Mrs. _____, Take necessary action please. Date

54. Accomplished. operator Code _____, Date and Signature:.....

55. Remarks:

**APPLICATION FORM FOR RADIOCOMMUNICATION APPARATUS LICENSE
(Applicant form)**

Note: Fill all items clearly according below explanations please

- In the item 17 use: X for Peak envelope power, Y for Mean power and Z for Carrier power;
- In the item 20 use: EIRP for relative to isotropic antenna, ERP for relative to half wave dipole antenna and EMRP for relative to monopole antenna;
- In the item 21 use: S1 for simplex, S2 for semi duplex and D for full duplex mode;
- In item 29 put clockwise angular distance of antenna main lobe from the geographical North;
- In item 30 use negative signe if main lobe oriatation is below horizen and postive if not;
- In item 34 use H for horizontal, V for vertical, SR for linear 45 degree slant to the right of TX, SL for linear 45 degree slant to the left of TX, CR for right hand circular relative to TX, CL for left hand circular relative to TX, D for dual polarized, M for mixture of above and L999 for saying counterclockwise angular distance of electrical field from equator relative to TX (replace 999 with angle 0 degree to 360 degree);