

APPLICATION FORM FOR RADIOCOMMUNICATION APPARATUS LICENSE
(Applicant form)

<p>Organization or Applicant</p> <p>1. Name:</p> <p>2. Address:</p> <hr/> <p>3. Contact:</p> <p>Phone: _____ Fax: _____</p> <p>E-mail: _____</p>	<p>4. Status of Organization :</p> <p>Government Semi-government Private International Individual Volunteer Other (specify)</p>	<p>5. Nature of service :</p> <p>Recreational Commercial Social welfare Religious Political Public entertainment Safety emergency Exploration Other (specify)</p>	<p>6. Type of service :</p> <p>Aeronautical Broadcasting Fixed Land Mobile Maritime Mobile Radiodetermination Other (specify)</p>	<p>7. OFFICE USE ONLY :</p> <p>Date of received:</p> <p>Date of receipt fee :</p> <p>Date of license issue :</p> <p>License number :</p> <p>Payment type :</p> <p>Amount received:</p> <p>Expiry Date:</p>
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<p>A: Transmitter Specifications</p> <p>8. Station Name:</p> <p>9. Class of Station :</p> <p>10. Complete Address of Transmitter:</p> <p>Township: _____ City: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>11. Latitude: N <input type="text"/> <input type="text"/> <input type="text"/> Deg. min. sec.</p> <p>12. Longitude: E <input type="text"/> <input type="text"/> <input type="text"/></p> <p>13. Height above Sea Level (m):</p> <p>14. Call sign:</p>	<p>B: Transmitter Equipment</p> <p>15. Class of Emission:</p> <p>16. Transmitter output power (W) :</p> <p>17. Type of Power Delivered to Antenna:</p> <p align="center">X <input type="text"/> Y <input type="text"/> Z <input type="text"/></p> <p>18. Power Delivered to Antenna (W) :</p> <p>19. Max. Radiated Power (W):</p> <p>20. Type of Radiated Power:</p> <p align="center">EIRP <input type="text"/> ERP <input type="text"/> EMRP <input type="text"/></p> <p>21. Duplex type: S1 <input type="text"/> S2 <input type="text"/> D <input type="text"/></p> <p>22. Manufacturer:</p> <p>23. Serial No.:</p> <p>24. Model:</p>	<p>C: Antenna Characteristics</p> <p>25. Antenna Type:</p> <p>26. Max. Gain (dB):</p> <p>27. Gain of the Major SideLobe (dB):</p> <p>28. Antenna Height above the ground (m):</p> <p>29. Main Lobe Azimuth (Deg.):</p> <p>30. Main Lobe Elevation Angle (Deg.):</p> <p>31. Horizontal Beamwidth (Deg.):</p> <p>32. Vertical Beamwidth (Deg.):</p> <p>33. Preference of beamwidth: <input type="checkbox"/> 6dB <input type="checkbox"/> 3dB</p> <p>34. Polarization:</p> <p align="center">H V SR SL CR CL D M L999 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>35. Serial No.:</p>	<p>D: Receiver Equipment</p> <p>36. Name of Station:</p> <p>37. Complete Add. of Receiver No. <input type="text"/> :</p> <p>Phone: _____ Fax: _____</p> <p align="center">Deg. min. sec.</p> <p>38. Latitude: N <input type="text"/> <input type="text"/> <input type="text"/></p> <p>39. Longitude: E <input type="text"/> <input type="text"/> <input type="text"/></p> <p>40. Height above Sea Level (m):</p> <p>41. Sensitivity (Microvolt):</p> <p>42. TX and RX distance (km):</p> <p>43. Radius (km):</p>
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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:

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: