



BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY
PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495
GABORONE, BOTSWANA
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AIRCRAFT RADIO LICENSE APPLICATION FORM

1. APPLICANT PARTICULARS	
Client Type	<input type="checkbox"/> Company <input type="checkbox"/> Person <input type="checkbox"/> Gov/Parastatal <input type="checkbox"/> Other _____
Name _____	
VAT Number _____	Nationality _____
Customer No. _____	Company Reg. Number _____
Contact Person _____	

Physical Address

Street _____	Plot No. _____
Ward _____	City _____
Region _____	Tel. No. _____
E-mail Address _____	Mobile No. _____
Fax. No. _____	Nature of Business _____

Postal Address

P.O. Box _____	_____
Private Bag _____	City _____
Ward _____	Tel. No. _____
City _____	Mobile No. _____

2. BASE STATION DETAILS

Station Name	_____		
Street	_____		
Ward	_____	Site Altitude(m)	_____
City	_____	Latitude	_____
Region	_____	Longitude	_____
Country	_____	Contact Person at Site	_____
Service Class	_____	Aircraft Type	_____

Equipment

Type : Transceiver	<input type="checkbox"/>	Transmitter	<input type="checkbox"/>	Receiver	<input type="checkbox"/>
Callsign	_____				
Approval Number	_____		Make	_____	
Model	_____		Serial Number	_____	
Frequency Range	_____ / _____		Bandwidth (KHz)	_____	
Preferred Frequency Band	_____		Output Power	_____	
Total Preset Channels	_____		Channel Width (MHz)	_____	
Emission Class	_____		Modulation Type	_____	
Rx Sensitivity (dBm)	_____		Rx Selectivity	_____	

Antenna

Antenna Type	_____	Antenna Gain (dB)	_____
Polarization	_____	Antenna Height (m)	_____
Main Lobe Azimuth (deg)	_____	Beam Width (deg)	_____
Feed Type	_____	Feed Length (m)	_____

3. AIRCRAFT STATION DETAILS

Station Name	_____	Registration Marks	_____
Area of Operation	_____	Base Station	_____
City/Village	_____	Latitude	_____
Region	_____	Longitude	_____
Country	_____	Contact Person at Site	_____
Service Class	_____	Aircraft Type	_____
Callsign	_____	Date of Purchase	_____

Equipment

Type : Vhf Transmitter <input type="checkbox"/> Hf Transmitter <input type="checkbox"/> Emergency Transmitter <input type="checkbox"/> Other Equipment <input type="checkbox"/>			
Approval Number	_____		
Model	_____	Serial Number	_____
Requested Frequency Range	_____ / _____	Bandwidth (KHz)	_____
Preferred Frequency Band	_____	Output Power	_____
Total Preset Channels	_____	Channel Width (MHz)	_____
Emission Class	_____	Modulation Type	_____
Operation Method	_____		

Antenna

Antenna Type	_____	Antenna Gain (dB)	_____
Polarization	_____	Antenna Height (m)	_____
Main Lobe Azimuth (deg)	_____	Beam Width(deg)	_____
Feed Type	_____	Feed Length(m)	_____