



BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY
PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495
GABORONE, BOTSWANA
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CELLULAR SERVICE 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.	

Note: if you are applying for multiple service type fill only one Administrative Information form.

2. OPERATIONAL SITE DETAILS

(You may need to consult your supplier to assist in completing this part of the form)

Station Name	_____		
Street	_____		
Ward	_____	Site Altitude(m)	_____
City	_____	Latitude	_____
Region	_____	Longitude	_____
Country	_____	Contact Person at Site	_____
Service Class	_____	Station Class	_____
Site Tel. No.	_____	Site Fax No.	_____

Broadcasting Equipment

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	_____

Antenna

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

3. POINT-TO-POINT DETAILS

(You may need to consult your supplier to assist in completing this part of the form)

Equipment

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	_____
Capacity (Mbs/sec)	_____	Rx Selectivity	_____
Thresh (dBm)-3	_____	Thresh (dBm)-6	_____

Antenna

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

4. POINT-TO-POINT LINKS

[illegible]

5. CELLULAR DETAILS

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

Equipment

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)	_____