

FREQUENCY APPLICATION FORM

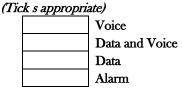
1. APPLICANT PARTICULARS				
Client Type	Company	Person	Gov/Parast	atal Other
Name				
VAT Number			Nationality	
Customer No.			Company Reg. Number	
Contact Person				

Describe the nature of your business activities. (Give a brief description of what the radios will be used for)

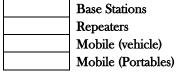
2. TECHNICAL CHARACTERISTICS

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

2.1 What type of transmission will be used?



2.2 Total number of radios to be used (include all vehicle mounted and hand held equipment)



2.3 Which frequency band do you wish us to consider first when making an assignment?

HF	3.000 - 30.000 MHZ
VHF LOW	68.000 - 87.500 MHZ
VHF MID	138.000 - 146.000 MHZ
VHF HIGH	146.000 - 174.000 MHZ
UHF 1	400.000 - 450.000 MHZ
UHF 1	450.00 - 470.00 MHZ

2.4 Method of operation

(tick the appropriate box)

Single Frequency operation (Simplex) Dual frequency operation (Duplex)

2.5~ If you are taking over an existing licence are all the technical details the same?



Yes No

IF no what changes have been made

3. OPERATIONAL SITE DETAILS

- 3.1 Will you be using a base station?
 (A base station is defined as a radio transceiver attached to a permanently fixed antenna) (tick the appropriatem box)

Yes No - operational area only

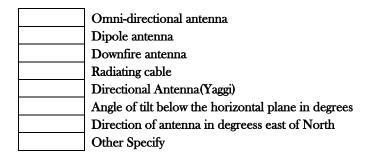
3.2 Address of the base station or operational area

Physical Address:			
Geographical Coordinates:	Latitude	Longitude	
Contact Person at this Location:			
Telephone:		Fascimile :	

3.3 Height of the top of the base station antenna above ground level in meters

	Metres

3.4 What type of Base Antenna would you like to use with your base station? (You should not purchase any equipment including the antenna until you have received your licence since The Authority may require you to use a specific type of antenna to ensure minimum interference is caused to other co-channel operators)



3.5 What is the gain of your selected antenna

dB

4.0 RADIO DEALER DETAILS

It may be helpful for your radio supplier to be notified of your frequency assignment

Provide the required iformation below if you would like a copy of your licence and any additional or revised licence schedule to be sent to your supplier.

Radio Dealer	
Postal Address:	
Telephone:	
Fascimile:	

5.0 DECLARATION

I declare that all the details given in this application form are correct to the best of my knowledge.

Applicant Full Name (Capital Letters)
Position in Organisation
Signature of the Applicant
Date of Application