



**BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY**  
PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495  
GABORONE, BOTSWANA  
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## FREQUENCY APPLICATION FORM

<b>1. APPLICANT PARTICULARS</b>	
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	

Describe the nature of your business activities.

*(Give a brief description of what the radios will be used for)*

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## 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?

*(Tick s appropriate)*

<input type="checkbox"/>	Voice
<input type="checkbox"/>	Data and Voice
<input type="checkbox"/>	Data
<input type="checkbox"/>	Alarm

2.2 Total number of radios to be used

*(include all vehicle mounted and hand held equipment)*

<input type="checkbox"/>	Base Stations
<input type="checkbox"/>	Repeaters
<input type="checkbox"/>	Mobile (vehicle)
<input type="checkbox"/>	Mobile (Portables)

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

<input type="checkbox"/>	HF	3.000 - 30.000 MHZ
<input type="checkbox"/>	VHF LOW	68.000 - 87.500 MHZ
<input type="checkbox"/>	VHF MID	138.000 - 146.000 MHZ
<input type="checkbox"/>	VHF HIGH	146.000 - 174.000 MHZ
<input type="checkbox"/>	UHF 1	400.000 - 450.000 MHZ
<input type="checkbox"/>	UHF 1	450.00 - 470.00 MHZ

2.4 Method of operation  
(tick the appropriate box)

<input type="checkbox"/>	Single Frequency operation (Simplex)
<input type="checkbox"/>	Dual frequency operation (Duplex)

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

<input type="checkbox"/>	Yes
<input type="checkbox"/>	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 appropriate box)*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	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)*

<input type="checkbox"/>	Omni-directional antenna
<input type="checkbox"/>	Dipole antenna
<input type="checkbox"/>	Downfire antenna
<input type="checkbox"/>	Radiating cable
<input type="checkbox"/>	Directional Antenna(Yaggi)
<input type="checkbox"/>	Angle of tilt below the horizontal plane in degrees
<input type="checkbox"/>	Direction of antenna in degrees east of North
<input type="checkbox"/>	Other Specify

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 information 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