



BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY
PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495
GABORONE, BOTSWANA
TEL: +267 395 7755 FAX: 395 7976
info@bocra.org.bw | www.bocra.org.bw

LAND/MOBILE 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. OPERATIONAL SITE DETAILS

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

Type : fixed/Base <input type="checkbox"/> Mobile <input type="checkbox"/> Portable <input type="checkbox"/>	
Base Station	_____
Station Name	_____
Street	_____
Ward	_____
City	_____
Region	_____
Country	_____
Service Class	_____
Number of Sites	_____
Vehicle Registration No.	_____
Site Altitude(m)	_____
Latitude	_____
Longitude	_____
Contact Person at Site	_____
Station Class	_____

Equipment

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

Antenna

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