



BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY
PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495
GABORONE, BOTSWANA
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POINT-TO-POINT 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)

Network	_____	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.	_____

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)	_____

3. MICROWAVE LINK DETAIL

[illegible]