



BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY
PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495
GABORONE, BOTSWANA
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APPLICATION FOR PRIVATE RADIO COMMUNICATION LICENCE

FORM NO: BTA/R2

APPLICANT:

NAME _____ TELEPHONE NO: _____

ADDRESS _____ FACSIMILE NO: _____

SPOKESMAN _____

PURPOSE OF COMMUNICATION: _____

APPLICANTS RADIO DEALER: _____

GENERAL INSTRUCTIONS

1. The application form must be completed for new service, renewal of license and for amendment of the license.
2. Complete the questions in block letters, when not applicable, insert N/A. If this form does not cover any detail of your proposed system, please attach a separate letter detailing your requirements.
3. The proposed radio communication service may not be brought into service, nor may any alteration be made to an existing network without the appropriate license.
4. Assistance may be sought from your radio dealer in completing the questions on the technical aspects of the radio systems.
5. The completed application form should be returned to: Executive Chairman, Botswana Telecommunications Authority, Private Bag 00495, Gaborone.

DECLARATION: I declare that to the best of my knowledge the above mentioned information and the information provided in Annexure 1, Annexure 2 and Annexure 3 attached is correct.

APPLICANTS SIGNATURE:

APPLICANT FULL NAME:

DATE:

