



BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY
PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495
GABORONE, BOTSWANA
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SATELLITE SERVICE LICENSE 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. _____

Operational Site Details

Detail Information:

Site Location* _____

Physical Address of Base Station or Operation Area:

Street _____

Township _____

City/Town* _____

District* _____

Country* _____

Latitude* _____ ° _____ ' _____ "

Longitude* _____ ° _____ ' _____ "

Site Altitude(m) _____

Site Category* **Host** **Repeater**
 Transmit

Equipment:

Make* _____ **Model*** _____

Equipment Serial Number* _____

Uplink Frequency (MHz)* _____

Downlink Frequency (MHz) _____

Power to Antenna* _____ Watts dBm

Antenna:

Make* _____ **Model*** _____

<i>Official use only</i>	
<input type="checkbox"/> Using TCI	<input type="checkbox"/> Other
Antenna Type (Ant. Pattern)	(/)

Antenna Gain (dB)* _____

Polarization* _____

Antenna Height (m)* _____

Main Lobe Azimuth (deg)* _____

Beam Width (H deg)* _____

Beam Width (V deg)* _____

Antenna Diameter (m)* _____

**Required: Customer must fill in these fields*

Satellite Site Type (Choose one)

- INTELSAT VSAT
- INMARSAT A SNG
- INMARSAT B LAND SATELLITE LINK
- INMARSAT C
- INMARSAT M LAND
- Others

Operational Date:

<i>Official use only</i>	
Service Class	
Station Class	
Staff Code	

Inmarsat Information:

Number Allocated	
Service	Inmarsat Number

<i>Official use only</i>	
CallSign	
Equipment Fee Code	
Fee Count	