

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

TELEVISION AND SOUND BROADCASTING APPLICATION FORM

	CANT PARTICU		CASTING ATTLICE	
Client Type	Company	Person	Gov/Parastatal	Other
Name				
VAT Number			Nationality	
Customer No.			Company Reg. Number	
Contact Person				
Dhusiaal Addus				
Physical Addre	88			
Street	9		Plot No.	
Ward			City	
Region			Tel. No.	
E-mail Address			Mobile No.	
Fax. No.			Nature of Business	
D . I . I .				
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.

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2. OPERATIONAL SITE DETAILS

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

Type: Broadcasting	Fixed Station	Mobile Station	
Base Station			
Station Name		Site Category	_
Street			
Ward		Site Altitude(m)	_
City		Latitude	-
Region		Longitude Contact Person at	-
Country		Site	_
Service Class		Station Class	-
Purpose		Number of Sites	_
Equipment			
Type: Transceiver	Transmitter	Receiver	
Callsign	-		
Approval Number		Make	
Model		Serial Number	-
Frequency Range		Bandwidth (KHz)	-
Preferred Frequency Band		Output Power	_
Total Preset Channels		Channel Width (MHz)	
			-
Emission Class Rx sensitivity	-	Modulation Type	-
(dbm)		Rx Selectivity	-
Antenna			
Antenna Type		Antenna Gain (dB)	_
Polarization		Antenna Height (m)	_
Main Lobe			
Azimuth (deg)		Beam Width (deg)	-
Feed Type		Feed Length (m)	-