



**BOTSWANA COMMUNICATIONS REGULATORY AUTHORITY**  
**PLOT 5067, INDEPENDENCE AVENUE | PRIVATE BAG 00495**  
**GABORONE, BOTSWANA**  
**TEL: +267 395 7755 FAX: 395 7976**  
[info@bocra.org.bw](mailto:info@bocra.org.bw) | [www.bocra.org.bw](http://www.bocra.org.bw)

**APPLICATION FOR TYPE APPROVAL**

**BOCRA/RF/30**

**A. APPLICANT**

Name	Telephone
	Telefax
Address	Contact persons

**B. MANUFACTURER**

Name	Telephone
	Telefax
Address	Contact persons

**C. REPAIR SERVICE PROVIDER IN BOTSWANA**

Name	Telephone
	Telefax
Address	
Address	Contact persons

**D. REQUESTED APPROVAL**

**Telecommunications terminal equipment**

- 1. Approval based on test report and certificate of conformity (all tested requirements are met)  
Enclosing test report No.....Carried out by.....
- 2. Approval based on test report without certificate of conformity (all tested requirements are not met).  
Enclosing test report No.....Carried out by.....
- 3. Approval based on declaration of conformity (equipment using V- and X-access to the public telecom's network)  
Enclosing Declaration of conformity
- 4. Supplementary registration  
With reference to approval No.....NB All differences between the old and new equipment must be listed

**Radio equipment**

- 5. Approval based on test report  
Enclosed test report No.....Carried out by.....
- 6. Approval based on certificate (equipments with harmonized standard and frequency)  
Enclosing certificate No.....Issued by.....
- 7. Approval based on earlier approved equipment (variant)  
With reference to approval No.....NB All differences between the old and new equipment must be listed

**E. DOCUMENTATION ENCLOSED**

- |  |  |
|--|--|
| <input type="checkbox"/> Test report                                 | <input type="checkbox"/> Operating instructions                    |
| <input type="checkbox"/> Declaration of conformity/certificate       | <input type="checkbox"/> Description of repair service in Botswana |
| <input type="checkbox"/> Circuit diagram                             | <input type="checkbox"/> Receipt on payment of application fee     |
| <input type="checkbox"/> Brief technical description (product sheet) | <input type="checkbox"/> Other (describe)                          |
| <input type="checkbox"/> Copy of markings                            | <input type="checkbox"/> Other (describe)                          |

**F. DESCRIPTION OF EQUIPMENT**

**TELECOMMUNATIONS TERMINAL EQUIPMENT**

Type of equipment (modern, telefax, telephone etc)

Brief description of the equipment (to be used in the list of approved equipment and in the certificate of approval)

Name of equipment

Product identification (number and function designation) together with version number. A copy of markings should be enclosed. A63

Software (if any) – number and model designation of version

**RADIO EQUIPMENT**

Type of equipment:

- |   |                                   |                                      |
|---|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Transmitter                  | <input type="checkbox"/> Receiver | <input type="checkbox"/> Transceiver |
| <input type="checkbox"/> Base                         | <input type="checkbox"/> Mobile   | <input type="checkbox"/> Portable    |
| <input type="checkbox"/> Other equipment: description |                                   |                                      |

Frequency/range/fixed frequencies

Channel separation

.....MHz

.....kHz

Name of the equipment/type designation

**G. ADDITIONAL INFORMATION**

.....

.....

.....

.....

**H. SIGNATURE**

Name of applicant and stamp .....	Signature (responsible applicant) .....
Place and Date .....	Name and position in clear (block letters) .....

**BTA NOTES**

Application received date.....	Signature
Decision on application date.....	Signature
Decision sent to applicant date.....	Signature