



**APPLICATION FORM FOR RADIOCOMMUNICATION SERVICES
UCC4002-SM-ADM-01**

SECTION A: ADMINISTRATIVE INFORMATION		
Company		
Trade name:		
Contact:		
	Postal Address:	
	Physical Address:	
	City:	
	District:	
	Telephone Numbers:	
	Fax Number:	
	Email:	
Company / NGO Registration Number:		
Do you already have a license with UCC?		Yes. <input type="checkbox"/> No. <input type="checkbox"/>
If the answer to the above is yes, what is your Customer Number?		
Has any of your licences ever been cancelled, suspended, or modified?		Yes. <input type="checkbox"/> No. <input type="checkbox"/>
If the answer to the above is yes, please explain why.		
SECTION B: CONTACTS		
	TECHNICAL	LEGAL
Name		
ID / TIN number		
Location		
Township		
City		
District		
Telephone Number		
Postal Address		
Email		
Fax No.		
Mobile		
SECTION C: DECLARATION		
<i>I, the undersigned, hereby declare that the information provided in the forms attached is true.</i>		
Name:		
Official Title:		
Date & Signature:		
SECTION D: FOR OFFICIAL USE ONLY		
Application Received on (Date):	Customer Number:	
This application has been processed and the following action taken:	Approved	<input type="checkbox"/>
	Additional Information Requested	<input type="checkbox"/>
	Rejected	<input type="checkbox"/>
Frequency License Number:		
Authorizing Officer/Title:		
Date & Signature:		

Note: Applicants are required to complete all fields for the specified equipment type for Fixed and Mobile Stations



**APPLICATION FORM FOR RADIOCOMMUNICATION SERVICES
FIXED STATION
UCC4002-SM-FIX-02**

SECTION D: TECHNICAL INFORMATION									
Transmit Site <input type="checkbox"/>	Receive Site <input type="checkbox"/>	Repeater Site <input type="checkbox"/>	STL Site <input type="checkbox"/>	Amateur Radio <input type="checkbox"/>					
Physical Location:									
City:									
District:									
Geographical Coordinates Site: Latitude:				Deg.	Min.	Sec.	Hem.	N <input type="checkbox"/>	S <input type="checkbox"/>
Longitude:				Deg.	Min.	Sec.	Hem.	E <input type="checkbox"/>	W <input type="checkbox"/>
Altitude (m):									
Tilt Angle (deg.):									
Coverage area (m ²):									
Number of frequencies needed:									
Equipment Information:									
Equipment Installer:		Name:							
		UCC- ID:							
Equipment Type: Transmitter <input type="checkbox"/> Receiver <input type="checkbox"/> Transceiver <input type="checkbox"/>									
Make:									
Model:									
Serial number:									
Preferred Frequency (MHz):					Transmission:			Receive:	
Channel Bandwidth (MHz):					Transmission:			Receive:	
Total Preset Channels:									
Transmitter Characteristics									
Frequency Range (MHz):					Minimum:			Maximum:	
Transmission Channel Separation:									
Output Power (Watts):									
Type of service									
Antenna Characteristics									
Make:									
Model:									
Frequency Range (MHz):					Lower:			Upper:	
Antenna type:									
Physical Height of Antenna above ground (M):									
Antenna Gain (dB):									
Main lobe azimuth (deg.)									
Beam width (deg)					H:			V:	
Polarization					H:			V: C:	
Directivity					Yes:			No:	
Type of cable from Transmitter (Appendix A):									
Length of cable from Transmitter:									
Effective Radiated Power (W)									
Receiver Characteristics									
Frequency Range (MHz):					Minimum:			Maximum:	
Channel Bandwidth (MHz):									
Receiver					Sensitivity (dBm):			Selectivity (dB):	

All fields are compulsory for the specified equipment type