



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

<b>SECTION A: ADMINISTRATIVE INFORMATION</b>		
<b>Company</b>		
<b>Trade name:</b>		
<b>Contact:</b>		
	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.		
<b>SECTION B: CONTACTS</b>		
	<b>TECHNICAL</b>	<b>LEGAL</b>
Name		
ID / TIN number		
Location		
Township		
City		
District		
Telephone Number		
Postal Address		
Email		
Fax No.		
Mobile		
<b>SECTION C: DECLARATION</b>		
<i>I, the undersigned, hereby declare that the information provided in the forms attached is true.</i>		
Name:		
Official Title:		
Date & Signature:		
<b>SECTION D: FOR OFFICIAL USE ONLY</b>		
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**

<b>SECTION D: TECHNICAL INFORMATION</b>											
<b>Transmit Site</b> <input type="checkbox"/>	<b>Receive Site</b> <input type="checkbox"/>	<b>Repeater Site</b> <input type="checkbox"/>	<b>STL Site</b> <input type="checkbox"/>	<b>Amateur Radio</b> <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 <sup>2</sup> ):											
Number of frequencies needed:											
<b>Equipment Information:</b>											
Equipment Installer:		Name:									
		UCC- ID:									
Equipment Type:		<b>Transmitter</b> <input type="checkbox"/>			<b>Receiver</b> <input type="checkbox"/>			<b>Transceiver</b> <input type="checkbox"/>			
Make:											
Model:											
Serial number:											
Preferred Frequency (MHz):					Transmission:			Receive:			
Channel Bandwidth (MHz):					Transmission:			Receive:			
Total Preset Channels:											
<b>Transmitter Characteristics</b>											
Frequency Range (MHz):					Minimum:			Maximum:			
Transmission Channel Separation:											
Output Power (Watts):											
Type of service											
<b>Antenna Characteristics</b>											
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)											
<b>Receiver Characteristics</b>											
Frequency Range (MHz):					Minimum:			Maximum:			
Channel Bandwidth (MHz):											
Receiver					Sensitivity (dBm):			Selectivity (dB):			

*All fields are compulsory for the specified equipment type*

