

## APPLICATION FORM FOR TYPE APPROVAL OF BROADCAST EQUIPMENT

<b>APPLICANTS DETAILS</b>				
Company Name:				
Company Address	Postal:	Physical:		
	Email:	Tel:		
TIN /Tax No.				
Contact Person	Name:	Email:	Tel:	
<b>TECHNICAL DETAILS OF EQUIPMENT</b>				
Name of Equipment:				
Brand Name:		Model:		
Manufacturer Details	Name:	Address:		
Product Description:				
Intended Use:				
Frequency Details	Range:	Operating Frequency:		
RF Output Power radiated/E.I.R.P:		ITU Emission Designator:		
Type of Modulation:		Antenna Gain:		
Technical Variants (where applicable):				
<b>DETAILS OF CONFORMANCE CERTIFICATE</b>				
Issuing Body:				
Issuing Date:				
Validity:				
<b>APPLICABLE STANDARDS</b>				
Test	Test Standard Compliance	Name of Testing laboratory	Testing laboratory.	Finding/Test Report No:
EMC				

Radio Frequency / Spectrum				
Health and Safety SAR				
Technology Specific				

**DETAILS OF SUBMITTED SAMPLE** *(This may not be applicable for broadcast transmission equipment)*

Equipment Type:	Brand Name;
Model:	Serial Number;

**UNDERTAKING**

I \_\_\_\_\_ hereby certify that the information supplied in this application form is true in all respects and I hereby give undertaking upon grant of the Certificate. I accept that the Certificate, may be revoked and the appropriate penalty applied if it is established that I have been granted the same based on incorrect information or have acted in contravention to the Uganda Type Approval regulations.

By signing this letter, I give Uganda Communications Commission the authority to request and access any information associated with this application from test laboratories and other stakeholders. I agree to comply with any terms, conditions or restrictions which the Uganda Communications Commission may impose and to be bound by the laws and regulations in force.

**Company Stamp**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer by UCC**

*It is the sole responsibility of the certificate holder to ensure compliance with the applicable standard(s).*

**CHECKLIST FOR DOCUMENTATION TO BE PROVIDED WITH THIS APPLICATION**

- A formal letter requesting for Type Approval, addressed to the Office of the Executive Director, outlining the Equipment type, Brand Name, Model, and Manufacturer.
- Sample of the equipment *(including necessary peripherals and user manuals)*. This may not be required for transmission equipment.
- Approved and certified Product technical specifications sheet from the equipment manufacturer.
- Manufacturer's Authorization or Powers of Attorney (where applicable).
- Manufacturers' declaration of conformity signed and stamped from manufacturer of the equipment.
- Test reports verifying the electrical, RF and operational functions of the equipment, from an iLAC accredited test laboratory
- Photographs (external/internal), Circuit diagram, PCB layout, part lists and other relevant design information
- Manufacturer's Authorization or Powers of Attorney (where applicable).
- Proof of Payment of a nonrefundable Type Approval Fee to UCC