



**UGANDA
COMMUNICATIONS
COMMISSION**

Application Form UCC-BD/CSP/13/002

APPLICATION FOR A BROADCASTING SERVICE LICENSE

The Form below is for general information of the applicant.
(Sections 1 and 2 to be completed in blue or black ink and in Block letters)

SECTION 1: CONTACT INFORMATION	
Names:
Public Contact Address:
Telephone: Office Cell phone/Mobile E-mail: Fax:
SECTION 2: BROADCAST LICENCE CATEGORY <i>(Tick the appropriate Box for the type of service being applied for)</i>	
Public broadcasting services	<input type="checkbox"/>
Commercial Broadcasting Services	<input type="checkbox"/>
Community broadcasting Services	<input type="checkbox"/>
Internet Protocol television (IPTV) Service	<input type="checkbox"/>

Cable Television subscription Service	<input type="checkbox"/>
Terrestrial subscription broadcasting Service	<input type="checkbox"/>
Satellite subscription television broadcasting Service	<input type="checkbox"/>
Broadcasting Subscription Management Service	<input type="checkbox"/>
Digital Mobile television service	<input type="checkbox"/>
Landing Rights (satellite broadcasting, cable, etc)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

SECTION 2A: LICENCE CATEGORY

(Tick the appropriate Box for the license category being applied for)

Public	<input type="checkbox"/>
Commercial	Free to Air <input type="checkbox"/> Subscription <input type="checkbox"/>
Non-commercial	<input type="checkbox"/>
Community	<input type="checkbox"/>
Broadcasting Subscription Management Service	<input type="checkbox"/>
Landing Rights (satellite broadcasting, cable, etc)	<input type="checkbox"/>

SECTION 2B: BROADCASTING SERVICE CATEGORY

(Tick the appropriate Box for the broadcasting service being applied for)

Radio <input type="checkbox"/>	Television <input type="checkbox"/>
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SECTION 2C: PLATFORM CATEGORY

(Tick the appropriate Box for the type of platform being applied for)

Terrestrial	<input type="checkbox"/>
Internet Protocol	<input type="checkbox"/>
Cable	<input type="checkbox"/>
Satellite	<input type="checkbox"/>
Digital Mobile	<input type="checkbox"/>

SECTION 3: REQUIREMENTS FOR AWARD OF A CONTENT SERVICE PROVIDER'S LICENCE

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3.1 CORPORATE STATUS *(Provide original /certified photocopies of the documents)*

- a) A covering letter, signed by the applicant, addressed to the Executive Director
- b) Certified Copy of Certificate of Incorporation.
- c) Memorandum and Articles of Association.
- d) Identification or passports of all Directors and Shareholders, as applicable.
- e) NGO constitution, Cooperative society Bylaws, Partnership deed or society constitution, as applicable.
- f) Valid Tax Compliance, Tax clearance, TIN Number

3.2 BUSINESS PLAN *(To be provided in the form of a business Plan)*

3.2.1 Market Information

- a) Provide the population profile for the area the licence is being applied for;
- b) Provide market study of the area the license is being sought;
- c) Provide information on other broadcasting services in that areas/locality;
- d) For subscription services, provide the projected subscriber base for each subscribed broadcasting category;
- e) For community services, provide the evidence of local demand or support for the provision of a proposed community broadcasting service in that community.

3.2.2 Station Management

- a) Provide an organization chart explaining duties and responsibilities of the team managing the broadcasting station;
- b) Provide names, address, telephone numbers and attach CVs of key station management staff who shall include among others include Chief executive officer; Finance/Credit Controller, Programme coordinator/Manger; Technical Manager, Customer Manager etc,
- c) For community broadcasting services, please provide information on how members of the target community will contribute to the sustenance of the community radio station and also participate in the operation and management of the service

3.2.3 Station Financing

- a) Provide cash flow projections showing realistic expected levels of costs and revenue over a period of the licence term in particular with regard to:
 - Costs for capital investment (equipment, building, offices, vehicles etc);
 - Recurring costs (staff salaries, royalties, rent energy communications etc);
 - Financial investments from the applicant(s);
- b) Anticipated revenue from advertisements and sponsorships;
- c) Are there any commitments from advertisers or sponsors? If so, show proof.
- d) Give an accurate estimation of the jobs you anticipate to create from the broadcasting service;
 - Full time;
 - Part time;
 - Freelance
- e) For community radio, please provide evidence of startup capital and how the community

- station will be sustained
- f) For subscription services, please,
 - i) Attach a financial guarantee equivalent from a reputable financial institution
 - ii) Provide information on subscription fees, installation fees, relocation fees, maintainace fees, deposits, receiving equipment rental or purchase fees, Subscription fees (for basic, premium packages)and how frequent the fee shall be levied (monthly, etc)

SECTION 4: SPECIFIC FORMS TO BE FILLED FOR LICENSE CATEGORY

Technical Assessment Form
Type approval form

Applicants, except where the Commission has provided otherwise in a condition of licence, shall comply with the regulatory requirements set out in the *Regulations*, and as shall be amended from time to time.

I hereby declare that the information give in this application and any additional documentation associated with this application, to the best of my knowledge and belief is correct.

.....(Name of person)
(Title or person among the applicant group)
(Date)

If the requested information is the electronic format, it can be sent to: ucc@ucc.co.ug
 If the information is in hard copy, please send to hand deliver to the following address:

Executive Director
 Uganda communications Commission
 UCC House
 Plot 42-44 Spring Road, Bugolobi
 P.O.Box 7376,
Kampala, UGANDA

APPLICATION FOR CONTENT SERVICE PROVISION

SECTION A: PROPOSED SERVICE

Please indicate which genres will be included in your service

- | | |
|--|--------------------------|
| i. Arts | <input type="checkbox"/> |
| ii. Chat | <input type="checkbox"/> |
| iii. Children's | <input type="checkbox"/> |
| iv. Content aimed at a particular ethnic group | <input type="checkbox"/> |
| v. Education | <input type="checkbox"/> |
| vi. Factual | <input type="checkbox"/> |
| vii. Films | <input type="checkbox"/> |
| viii. Gaming | <input type="checkbox"/> |
| ix. General entertainment | <input type="checkbox"/> |
| x. Leisure | <input type="checkbox"/> |
| xi. Local | <input type="checkbox"/> |
| xii. Music | <input type="checkbox"/> |
| xiii. News | <input type="checkbox"/> |
| xiv. Other (please indicate) | |
| a. Quiz | <input type="checkbox"/> |
| b. Religious | <input type="checkbox"/> |
| c. Sport | <input type="checkbox"/> |
| d. Teleshopping | <input type="checkbox"/> |
| e. User generated content | <input type="checkbox"/> |

SECTION B: PROGRAMMING

(Where appropriate the information should be provided as an attachment to this application)

- | |
|---|
| a) Indicate your proposed hours of broadcasting for each day of the week. |
| b) Show how your proposed programming format is unique from the rest and explain how it will add value to the diversity of broadcasting services in the proposed coverage area. |
| c) Provide a schedule of programme segment for each day of the week |
| d) Show how your proposed programming format is unique from the rest and explain how it will |

add value to the diversity of broadcasting services in the proposed coverage area
e) Provide own produced programmes and their weekly percentage proportion
f) Provide any planned external sources of your programming (local or foreign).
g) Indicate if the proposed broadcasting service will provide for regular news services and programmes on matters of public interest and if so how often
h) Provide the principle sources of news and information you plan for your programming in approximate percentage terms
i) List domestic sources, which you intend to use for news and information programming
j) List the foreign news sources you plan to use for news and information programming
SECTION C: DEMAND, NEED AND SUPPORT FOR PROPOSED SERVICE
<i>(Where appropriate the information should be provided as an attachment to this application)</i>
a. To what extent, and in what way, is the proposed program service designed to cater for the tastes and interests of the persons living in the area', either general or particular?
b. If the program service is designed to appeal especially to particular section of demographic groups (e.g. certain age groups) within the population, state which.
c. If the program service is designed to appeal especially to particular section of demographic groups (e.g. certain age groups) within the population, state which.
d. To what extent, and in what way, will the proposed service cater for tastes and interests different from those catered for by any other existing broadcasting service within part or all the license area?
e. How will your programming bring social or economic benefits to an area, or to different categories of persons living in the area?
f. How will your programming cater for the tastes, interests and needs of people in the area?
g. How will your programming facilitate civic understanding and fair and well informed debate through coverage of local news and current affairs?
h. How will your programming facilitate civic understanding and fair and well informed debate through coverage of local news and current affairs?
i. How will your programming reflect the lives and concerns of communities and cultural interest and traditions in the area?
j. How will your programming include content that informs, educates and entertains and is not otherwise available through a digital service which is available across Uganda?
SECTION D: COMMUNITY BROADCASTERS
<i>(Where appropriate the information should be provided as an attachment to this application)</i>
a) Describe in as much detail as possible the community that you propose to serve detailing the current and future needs of that community (provide evidence in support of your claims).
b) What are the objects or aims of the organization/community
c) How will the applicant continue to identify and serve the future needs of its community?
d) How does the applicant intend to gather information about the needs of the community?
e) If the organization/community is membership based, provide a copy of the applicant's membership application form and list of members including their addresses
f) How many of these are financiers? (Please advise if you wish the names and addresses of members to be kept confidential).

ANNEX 1: TECHNICAL REQUIREMENTS FOR AN FM RADIO BROADCASTING LICENSE

No.	MANDATORY Technical Requirements			
1.	Filled out technical form (<i>Attached</i>)	UCC-FMR-ADM-01		
UCC-FIX- FMR-01				
UCC-FIX-FMR-02 (if applicable)				
UCC4002-SMT-SAT-04 (if applicable)				
Type approval form for each equipment		Broadcast transmitter STL TX &RX (if applicable) Band pass filter		
2.	A schematic diagram of the network that shows how signals are to be relayed from the Studio to the broadcast antenna.			
3.	Copy of Technical specification sheet from the manufacturers of the following equipment	Broadcast transmitter		
Broadcast antenna				
Band pass filter				
STL Transmitter (if applicable)				
STL Receiver (if applicable)				
STL antenna (if applicable)				
VSAT (if applicable)				
4.	Copy of Test reports verifying the electromagnetic conformity , RF conformity ,health & safety conformity and operational functions of equipment from an accredited test laboratory provided by the equipment manufacturers	Broadcast transmitter		
Band pass filter				
STL Transmitter and Receiver (if applicable)				
5.	Copy of Manufacturer's Declaration of conformity (signed & stamped) to the following international standards	(a)	IEC 60215 on safety requirements	Broadcast transmitter
Band pass filter				

			STL Transmitter and Receiver (If applicable)
	(b)	ETSI EN 301 489 on Electromagnetic compatibility and Radio Spectrum Matters (ERM);	Broadcast transmitter
			Band pass filter
			STL Transmitter and Receiver (if applicable)
	(c)	ETSI EN 302 018 on Transmitting equipment for the Frequency Modulated (FM) sound broadcasting service	Broadcast transmitter
6.	Disaster Recovery plan that will describe how the station can ensure continuation of the radio broadcasting service in the event that a natural or man-made disaster occurs.		
7.	Redundancy plan that will provide measures of redundancy that will be put in place to ensure the radio station can seamlessly continue offering a service in the event of equipment failure.		
8.	Planned electromechanical safety measures and public safety measures that will be put in place at the studio and transmission facilities.		
9.	Demonstration of technical experience and capability that includes providing proof of experience and expert knowledge of similar operations and/or proof of partnership with technical experts for installations and day to day operations		



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APPLICATION FORM FOR FM BROADCASTING SERVICES

UCC-FMR-ADM-01

ADMINISTRATIVE INFORMATION

SECTION A: DETAILS OF PERSONS*

Name of Person	
Company / NGO Registration Number (Where applicable)	
Call Sign	
Postal Address	
Physical Address	
Town, District	
Telephone Number	
Mobile Number	
Email address	

SECTION B: TECHNICAL CONTACTS

	Lead Technical person for establishment of the station (Only Applicable for a new station)	Lead Technical person for operations of the station
Name		
Postal Address		
Physical Address		
Telephone Number		
Mobile Number		
Email address		

Name :	
Date :	Signature:

**Persons: According to the Uganda Communications Act 2013, a person includes any individual, company, association, or body of persons corporate or unincorporated*



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APPLICATION FORM FOR FM RADIO BROADCASTING
FIXED STATION –BROADCASTING
UCC-FIX- FMR-01

TECHNICAL INFORMATION OF THE BROADCAST TRANSMITTER, ANTENNA & BANDPASS FILTER

1. Details of the Broadcast Transmitter Site					
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"/>
Physical Location					
Town, District					
2. Broadcast transmitter					
Type approval No.:					
Make:					
Model:					
Frequency Range (MHz):	Minimum:				Maximum:
Maximum Transmitter Power (Watts)					
3. Antenna					
Make:					
Model:					
Frequency Range	Minimum:				Maximum:
Antenna Type					
Antenna Gain					
No. of Antenna Bays					
Main lobe azimuth (deg.)					
Polarization	H:	V:	C:		
Directivity	Yes:				No:
4. Band Pass Filter					
Make:					
Model:					

Name :	
Date :	Signature:



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APPLICATION FORM FOR FM RADIO BROADCASTING
FIXED STATION
UCC-FIX- FMR-02

TECHNICAL INFORMATION OF STL TRANSMITTER & RECEIVER

1. Details of STL Transmit & Receive Sites

Transmit Site	Geographical Coordinates					Physical Location	Town ,District
	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"/>		
Receive Site	Geographical Coordinates					Physical Location	Town ,District
	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"/>		

2. STL Transmitter & Receiver

Type approval No:

a) STL Transmitter

Make:	
Model:	
Frequency Range (MHz)	Minimum: _____ Maximum: _____
Maximum Transmitter Power (Watts)	

b) STL Receiver

Make:	
Model:	
Frequency Range (MHz)	Minimum: _____ Maximum: _____

3. STL Antenna

Make:	
Model:	
Frequency Range	Minimum: _____ Maximum: _____
Antenna Gain (dB)	
Main lobe azimuth (deg.)	

Name :	
Date :	Signature:



UGANDA
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APPLICATION FORM FOR TYPE APPROVAL OF COMMUNICATION EQUIPMENT

APPLICANTS DETAILS			
Company Name:			
Company Address	Postal:	Physical:	
	Email:	Tel:	
TIN /Tax No.			
Contact Person	Name:	Email:	Tel:
TECHNICAL DETAILS OF EQUIPMENT			
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):			
DETAILS OF CONFORMANCE CERTIFICATE			
Issuing Body:			
Issuing Date:			
APPLICABLE STANDARDS			
Test	Test Standard Compliance	Name of Testing laboratory	Finding/Test Report No:
EMC			
RF (Radio Frequency) Compatibility			
Health and Safety			

Technology Specific			
DETAILS OF SUBMITTED SAMPLE (where applicable.)			
Equipment Type:		Brand Name:	
Model:		Serial Number:	
UNDERTAKING			
<p>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.</p> <p>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.</p> <p>Signature: _____ Date: _____</p> <p>Disclaimer by UCC <i>It is the sole responsibility of the certificate holder to ensure compliance with the applicable standard(s).</i></p>			