



**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>		
	TECHNICAL	LEGAL
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>									
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 <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:									
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*



**APPLICATION FORM FOR RADIOCOMMUNICATION SERVICES  
MOBILE STATION  
UCC4002-SM-MOB-O3**

Mobile Site	Handheld Site	Aircraft Site	Ship Site
<b>TECHNICAL INFORMATION</b>			
<b>Station Details</b>			
Base Site Type	Transmitter	Receiver	Repeater Transceiver
Site Category:			
Receiving Site Type:			
Nominal Radius (m):			
Registration Numbers (vehicles, aircraft & boat only):			
Vehicle / Aircraft Type:			
Vessel Name (Boat only):			
Aircraft/ Boat Call sign:			
Make:			
Model:			
Distress Frequency (Ship only):			
Number of frequencies needed:			
<b>Equipment Information</b>			
Number of Equipment:			
Equipment Type: Transmitter		Receiver	Repeater Transceiver
Make:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model:			
Type of service			
Channel Bandwidth (MHz):		Transmit:	Receive:
<b>Transmitter Characteristics</b>			
Frequency Range (MHz):		Lower:	Upper:
Modulation Type:			
Total Preset Channels:			
Maximum Radiated Power (Watts):			
Effective Radiated Power (Watts):			
Antenna Power (W):			
<b>Receiver Characteristics:</b>			
Frequency (MHz):		Lower:	Upper:
Channel Bandwidth (MHz):			
Receive Sensitivity (dBm):			
Receive Selectivity: (dB):			
<b>Antenna Characteristics</b>			
Make:			
Model:			
Frequency Range (MHz):		Minimum:	Maximum:
Antenna type:			
Physical Height of Antenna above ground (M):			
Antenna Gain (dB):			
Main lobe azimuth (deg.):			
Polarization:		H	V C
Cable type and Length connecting to Antenna		<input type="checkbox"/>	<input type="checkbox"/>