



National Telecommunications Commission

NATCOM

13 Regent Road, Hill Station, Freetown, Sierra Leone.
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FREQUENCY APPLICATION FORM

PARTICULAR OF APPLICANT

| | | | |
|--|----------------|-----------------------|-----------------------|
| Applicant Name | | | |
| Physical Address | | Postal Address | |
| Telephone | Telefax | Email | Contact Person |
| Describe the nature of your business activities <i>(give a brief description of what the radios will be used for)</i> | | | |
| Service Area: Tick coverage area for which licence is sought <input type="checkbox"/> Community <input type="checkbox"/> Regional <input type="checkbox"/> National | | | |
| Frequency: <i>Tick as appropriate</i> <input type="checkbox"/> GSM 900 <input type="checkbox"/> IMT 2000 <input type="checkbox"/> WiMAX <input type="checkbox"/> GSM 1800 <input type="checkbox"/> CDMA/PCS 1900 <input type="checkbox"/> HF <input type="checkbox"/> CDMA 450 <input type="checkbox"/> VHF <input type="checkbox"/> Other (Specify) <input type="checkbox"/> CDMA 800 <input type="checkbox"/> Microwave | | | |
| No. of Channels/Band: <i>indicate (where appropriate) for each service selected above</i> | | | |

TECHNICAL CHARACTERISTICS

(You may need to contact your suppliers to assist in completing this part of the form)

| | | | |
|--|--------------------------------|--|---|
| What type of transmission will be used? | | Total number of radios to be used | |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Data | <input type="checkbox"/> Base station | <input type="checkbox"/> Repeaters |
| <input type="checkbox"/> Data and voice | <input type="checkbox"/> Video | <input type="checkbox"/> Mobile (Vehicles) | <input type="checkbox"/> Mobile (Portables) |

Method of operation (tick as appropriate)

Single Frequency Operation (simplex)

Dual Frequency Operation (duplex)

If you are taking over an existing licence are all the technical details the same? YES NO

If NO what are the changes?

OPERATIONAL SITE DETAILS

Will you be using a base station? *(a base station is define as a radio transceiver attached to a permanently fixed antenna)*
(tick the appropriate box)

YES NO

Location: *Physical Address & Geographical coordinates of site(s)*

Technical Characteristics per site: *You may use a separate sheet for this*

| | |
|--------------------------------------|----------------------|
| Output Power of Equipment | <input type="text"/> |
| Type and gain of antenna | <input type="text"/> |
| Height of antenna above sea level | <input type="text"/> |
| Height of antenna above ground level | <input type="text"/> |
| Azimuth | <input type="text"/> |
| Frequency stability | <input type="text"/> |

What type of Base Antenna would you like to use with your base station? *(you should not purchase any equipment including the antenna until you have received your licence since NATCOM may require you to use a specific type of antenna to ensure minimum interference is caused to other co-channel operators)*

1. **Omni-directional Antenna**
2. **Dipole Antenna**
3. **Downfire Antenna**
4. **Radiating cable**
5. **Directional Antenna (yaggi)**

| | | |
|--|--------------------------|---|
| 6. | <input type="checkbox"/> | Angle of tilt between the horizontal plane in degrees |
| 7. | <input type="checkbox"/> | Direction of Antenna in degree, east of north |
| 8. | <input type="checkbox"/> | Other (specify) |
| What is the gain of your selected antenna? | | |

RADIO DEALER DETAILS

It may be helpful for your radio supplier to be notified of your frequency assignment. *Provide the required information below if you would like a copy of your licence and any additional revised licence schedule to be sent to your supplier.*

| | |
|---------------------|-----------------------|
| Radio Dealer | Postal Address |
| Telephone | Fax |

DECLARATION (False declaration is liable to stiff legal/financial penalties)

By signing this form I confirm that the information provided is correct and complete to the best of my knowledge and belief. I declare that I am responsible for compliance with the licence and control and supervision of the equipment which is the subject of the licence and have due authority to make this declaration and sign this application

| | |
|---|-------------|
| Applicant Full Name | |
| Signature | Date |
| <i>A completed application form should be send to:</i> National Telecommunications Commission 13, Regent Road, Hill Station, Freetown | |