



**FREQUENCY APPLICATION FORM RF 001 – TWO-WAY RADIO COMMUNICATIONS**

**1. PARTICULARS OF APPLICANT**

Applicant Name		
Physical Address		Postal Address
Telephone	Fax	Email
Contact Person		

**Describe the Nature of your Business Activities**

*(Give a brief description of what these radios will be used for)*

**2. Technical Characteristics**

*(you may need to contact your supplier to assist in completing this part of the form)*

<p><b>2.1 What type of Transmission will be used?</b></p> <p>Voice <input type="text"/></p> <p>Data and Voice <input type="text"/></p> <p>Data <input type="text"/></p> <p>Alarms <input type="text"/></p>	<p><b>2.2 Total Number of Radios to be Used? (include all vehicle mounted and handheld equipment)</b></p> <p>Base Stations <input type="text"/></p> <p>Repeaters <input type="text"/></p> <p>Mobile (Vehicles) <input type="text"/></p> <p>Mobile (Portables) <input type="text"/></p>
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<b>2.3 Which frequency Band do you wish us to consider when making an Assignment?</b>	
HF (3-30) MHz	<input type="text"/>
VHF Low (68-87.5) MHz	<input type="text"/>
VHF Mid (136-146) MHz	<input type="text"/>
VHF High (136-174) MHz	<input type="text"/>
UHF 1 (400-450) MHz	<input type="text"/>
UHF 2 (450-470) MHz	<input type="text"/>
<b>2.4 Method of Operation (tick as appropriate)</b>	
Single Frequency Operation (Simplex)	<input type="text"/>
Dual Frequency Operation (Duplex)	<input type="text"/>
<b>2.5 If you are taking over an existing Licence are all the technical details the same? If NO what changes have been made?</b>	
YES <input type="text"/> NO <input type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
<b>3. OPERATIONAL SITE DETAILS</b>	
<b>3.1 Will you be using a base station?</b> (A base station is defined as a radio transceiver attached to a permanently fixed antenna) (tick the appropriate box)	
<input type="text"/>	YES
<input type="text"/>	NO – Operational area only
<b>3.2 Address of the base station or operational area</b>	
Physical Address(es):	Latitude
Geographical Coordinates	Longitude
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Contact Person at this Location</b>	
Telephone:	Fax:
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<b>3.3 Height of the top of the base station antenna above ground level in meters.</b>	

**3.4 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)

<input type="checkbox"/>	Omni-directional antenna
<input type="checkbox"/>	Dipole antenna
<input type="checkbox"/>	Downfire antenna
<input type="checkbox"/>	Radiating cable
<input type="checkbox"/>	Directional Antenna (yaggi)
<input type="checkbox"/>	Angle of Tilt below the horizontal plane in degrees
<input type="checkbox"/>	Direction of Antenna in degrees East of North
<input type="checkbox"/>	Other (specify) <input type="text"/>

**3.5 What is the gain of your selection antenna?**

**4.0 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 or revised licence schedule to be sent to your supplier.

Radio Dealer	Postal Address	Telephone
		Fax

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

I declare that all the details given in this application form are correct to the best of my knowledge.	
Applicant Full Name	Position in Organisation
Signature	Date of Application
<p><i>A completed application form should be send to:</i></p> <p><b>National Telecommunications Commission</b>  <b>13, Regent Road, Hill Station, Freetown</b></p>	