

APPLICATION FOR FREQUENCY ASSIGNMENT – RADIO AND TV BROADCASTING

1. ADMINISTRATIVE DETAILS

A. Name of Organization (or Individual): _____

Nationality: _____ ID/Passport Number: _____

Postal Address: _____

Business Telephone: _____ Fax: _____ Email: _____

Physical Location: Road/Street _____

B. Name and Postal Address of Supplier (if any): _____

Postal Address: _____

Business Telephone: _____ Fax: _____ Email: _____

C. Type of Broadcast Services: Radio: _____ TV: _____ FM: _____ Give further details on separate sheet of paper

D. Authorised Broadcast Area (s): _____
(Attach certified copy of Broadcast Permit)

E. Name of Person/Organization responsible for payment of Bills: _____

2. TRANSMIT SITE DETAILS

1. Name _____

2. Land Registration Number: _____

3. Road/Area: _____

4. Geographic Coordinates:

Latitude: Degrees _____ Minutes _____ Seconds _____ N/S _____
Longitude: Degrees _____ Minutes _____ Seconds _____ N/S _____

5. Attitude above Sea level: _____

6. Relative height around 15Kilometer radius: _____

3. Transmitter Equipment Details

a) Equipment and Performance Characteristics:

i) Name: _____

Model : _____ Serial Number: _____

ii) Carrier Output: _____

iii) Effective Radiated Power (dBW): _____

iv) Transmission System (Applicable to FM Systems only):

System 1: Monophonic, Maximum Deviation +/- 75 kHz

System 2: Monophonic, Maximum Deviation +/- 50 kHz

System 3: Stereophonic, Polar Modulation, Maximum Deviation +/- 50 kHz

System 4: Stereophonic, Pilot Tone system, Maximum Deviation +/- 75 kHz

System 5: Stereophonic, Pilot Tone system, Maximum Deviation +/- 50 kHz

v) RF Bandwidth: _____ Hz

vi) IF Bandwidth at -3dB level: _____ Hz

vii) RF Filter Loss: _____ dB

b) Transmitter Antenna Details:

i) Type of Antenna: _____

ii) Antenna Height Above ground level: _____

iii) Relative to ground a 15 kilometre radius: _____

iv) Radiation pattern:

a) Circular

or No _____

b) If

provide the following details:

1. Azimuth

2. Azimuth

of the main lobe at the 3 dB points _____

3. Radiation

at every 10 degrees (use a separate sheet)



v) Antenna Gain in dBi: _____

c) Feeder

i) Feeder Type: _____

ii) Attenuation per metre: _____ dB

iii) Total Feeder Loss _____ dB

4. MISCELLANEOUS DATA

a) Hours of Operation: From _____ Hrs To _____ Hrs

b) Proposed date of Commencement of Service: _____

Date _____

Signature of Applicant _____

Name _____

Designation _____

Official Stamp _____



5. 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

