



**National Telecommunications Commission**  
**NATCOM**

13 Regent Road, Hill Station, Freetown, Sierra Leone.  
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**APPLICATION FOR TYPE APPROVAL**  
*(for Radio Transmitter Equipment)*

**CONTACT INFORMATION**

Name of Applicant (or Authorised Representative)	
Last Name	Other Names

**ORGANISATION/COMPANY**

Registered Name of Company			
Address			
Telephone	Telefax	Email	

**INCORPORATION (ATTACH PHOTOCOPY OF CERTIFICATE)**

Registration No	Date of Incorporation	
Name of Directors	Address	Nationality
Names of Shareholders	Address	Nationality

**Have you attached**

- 1. Photocopy of Incorporation? Yes  No
- 2. Certified true copy of memorandum and Articles of Association? Yes  No
- 3. Tax Clearance Certificate? Yes  No
- 4. Any other relevant document? Yes  No

*\* Attach copies of licence(s) you currently hold*

**Equipment Description, Standards and Specifications**

Technical name of equipment

Purpose of equipment in a network

- i. Manufacturer's/Trade name: \_\_\_\_\_
- ii. Type: \_\_\_\_\_
- iii. Model: \_\_\_\_\_
- iv. Country of Manufacture/assembly: \_\_\_\_\_
- v. Year of Manufacture: \_\_\_\_\_
- vi. RF Channel spacing: \_\_\_\_\_
- vii. Type of Modulation: \_\_\_\_\_
- viii. RF output impedance: \_\_\_\_\_
- ix. Software/firmware version: \_\_\_\_\_
- x. Operating frequency range: \_\_\_\_\_

Any certificates [e.g. Test report, standards] received? Yes  No

If yes, then complete the section below

Certificate No.	Issuing Authority	Relevant Standard

**Fee Payable on Application**

*An application fee of \$25 is payable on submission of a completed application form. The application fee is to be paid through a certified cheque payable to the National Telecommunications Commission.*

Have you included payment with your application form? Yes?  No?

If you have paid the application fee separately, state your receipt number and date of payment:

No: \_\_\_\_\_ Date \_\_\_\_\_

**UNDERTAKING**

I/We \_\_\_\_\_ hereby Certify

That, to the best of my/our knowledge, the information contained in this application form is true in all respects and I/We hereby give an undertaking that, upon a grant of a type approval, I/We shall abide by the Regulations, the Guidelines and any terms and conditions upon which the type approval is granted. I/We accept that the type approval may be revoked and the appropriate penalty applied if it is established that I/We have been granted the type approval based on incorrect information.

**Applicant Full Name**

**Signature**

**Date**