

Application Form for a Class Licence

Under section 33.1 of the Telecommunications Act 2000
Commonwealth of Dominica

Please tick as appropriate:

- Private Telecommunications Network Licence
- Value-Added Services Licence
- Internet Service Provision Licence
- International Simple Voice Resale

- Aeronautical Mobile Licence**
- Land Mobile Radio Licence**
- Maritime Mobile Licence**
- Amateur Radio Licence
- Citizen Band Radio Licence

National Telecommunications Regulatory Commission
2nd Floor, 42-2 Kennedy Avenue
P.O. Box 649
Roseau
Commonwealth of Dominica

Guidance Notes

- [2] copies of the completed application form should be submitted in an envelope clearly marked "Telecommunications Licence Application" addressed to Chairman, National Telecommunications Regulatory Commission, 2nd Floor, 42-2 Kennedy Avenue, Roseau, Commonwealth of Dominica.
- Please indicate which, if any, information provided by the applicant in this application is confidential.
- Please note that any word, phrase or expression used herein shall have the same meaning as it has in the Telecommunications Act 2000.

1. PART I -THE APPLICANT

(Please complete fully in type or block letters)

1.1 Contact Details

1.1.1 Name and business address of applicant

1.1.2 Designated contact person:

1.1.3 Telephone number

1.1.4 Fax number

1.1.5 E-mail address (if available)

1.2

<ul style="list-style-type: none">• MOVE ON TO SECTION 1.3 FOR THE FOLLOWING: Private Telecommunications Network Licence Value-Added Services Licence Internet Service Provision Licence	
<ul style="list-style-type: none">• PLEASE CHECK THE RESPECTIVE SUPPLIMENT FOR THE FOLLOWING LICENCE APPLICATIONS:	
Aeronautical Mobile Radio Licence Land Mobile Radio Licence Maritime Mobile Radio Licence	SUPPLIMENT (I)
Amateur Radio Licence Citizen's Band Radio Licence	SUPPLIMENT (II)

1.3 Business Details

1.3.1 If the applicant is a company, partnership or other body please give the name(s) and private address(es) of each of the current directors, company secretary, or partners:

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SUPPLIMENT (I)

- Aeronautical Mobile Radio Licence
- Land Mobile Radio Licence
- Maritime Mobile Radio Licence

Guidance Notes

- For renewal of licence(s), please attach a copy of the present or existing licence to completed application form.

1. PART 1 – The Applicant

(Please complete fully in type or block letters)

1.1 Other Contact Details

1.1.1 Licence No:- _____

1.1.2 2nd Email address: _____

1.1.3 Website: _____

1.1.4 If the licence is required for a (registered) business

(a) State whether the applicant is a company, partnership, sole proprietorship:

(b) Please supply the business's registration number:

1.1.5 If question 1.1.4 does not apply, and a licence is being applied for personal use, please answer the following questions:

- (a) Date of Birth: _____ Age on last birthday: _____
- (b) Nationality: _____
- (c) Registration Number of Identification Card: _____
- (d) Passport Number: _____
- (e) Occupation: _____

2. PART II – Technical Details

2.1 Frequency Band: -

- | | |
|---|---|
| <input type="checkbox"/> VLF - Very Low Frequency | <input type="checkbox"/> VHF - Very High Frequency |
| <input type="checkbox"/> LF - Low Frequency | <input type="checkbox"/> UHF - Ultra High Frequency |
| <input type="checkbox"/> MF - Medium Frequency | <input type="checkbox"/> SHF - Super High Frequency |
| <input type="checkbox"/> HF - High Frequency | <input type="checkbox"/> EHF - Extra High Frequency |

2.2 Class of Station: -

- Aeronautical Mobile Radio
- Land Mobile Radio
- Maritime Mobile Radio

2.3 Required Frequency Range: - _____

2.4 Nature of Service: -

2.5 Number of Channels Required:- _____

Voice: - _____ VFT¹: - _____ Data: - _____ Others: - _____

2.6 Details of Communication Points:- (If this space is not sufficient, please use extra paper to indicate the stations)

¹ VFT – Voice Frequency Telegraphy

Type of Station	Location of Station or/Registration No. of Vehicle/Boat/Aircraft	Number of Units	Call Sign
Base/Fixed			
Mobile			
Portable/ Handheld			
Repeater			
Any Other Equipment			

2.7 Name and address of the manufacture of Equipment: -

2.8 Details of Equipment: - (Photocopies of the technical specification of equipment manual should be attached)

Type of Station	Make and Model	Serial Number	R.F Output	Class of Emission	Necessary Bandwidth
Base/ Fixed					
Mobile					
Portable/ Handheld					
Repeater					
Any Other Equipment					

2.9 Details of Antenna: - (Radiation patterns of the antenna must be furnished)

Station	Type	Height	Maximum Gain	Azimuth	Beam Width	Polarization
Base/Fixed						
Mobile						
Portable/ Handheld						
Repeater						
Any Other Equipment						

3. SIGN DECLARATION (PART IV)

PART IV - DECLARATION²

I declare that the information provided by me on behalf of the applicant is accurate and complete in all respects.

Signed

Full name of signatory:

Position held:

Date: - _____

FOR OFFICIAL USE ONLY:

Examination Required:

Call Sign Issued:

YES

NO

Date:

² This declaration must be signed:

- (i) in the case of an **individual**, by the person in whose name the application is made;
- (ii) in the case of a **sole proprietorship**, by the sole proprietor, or
- (iii) in the case of a **partnership**, by a partner; or
- (iv) in the case of a **company or other body corporate**, by a director, company secretary or other authorised officer.