

Application Form for
Application for Private Mobile Radio License

1. Applicant details

Name / Company / Organisation:

Full address of the company HQ

Main Contact

Contact E-mail

Office Tel:

Position:

Mobile Tel:

2. INVOICING INFORMATION (IF DIFFERENT FROM ABOVE)

Name / Company / Organisation:

Full address

Invoicing contact:

Contact email:

Office Tel:

Position:

Tell no:

3. Application Type

New Application

Renewal

Modification

Cancellation

4. Official Use Only

Recommended. Not Approved

Approved. Pending.

License Number:

Staff No.

Signature: _____

Date Completed: _____

5. Detail of Private Mobile Radio

5.1 Site Information \ Base Station Location.

Location.

[Redacted]

Latitude:

[Redacted]

Longitude:

[Redacted]

Call sign /system ID:

[Redacted]

Antenna Type

[Redacted]

5.2 Type of PRM applied for

PMR –Frequency assigned, Network

[Redacted]

PMR –Frequency assigned, Area

[Redacted]

PMR –Block assigned

[Redacted]

5.3 Equipment Manufacture and Brand Name:

[Redacted]

Model no.

[Redacted]

Frequency Required:

[Redacted]

Number of Channels Required:

[Redacted]

Maximum Power [Redacted] W

Antenna Gain [Redacted] (dBi)(dBd)

Antenna Height [Redacted]

Frequency Tolerance [Redacted] (Hz/ KHz)

Purpose of Communication

[Redacted]

6. Communications Systems

Equipment	Make and Model	Power (WATT)	Class of Emission	Frequency Bands
VHF TRANSMITTER	1.			
	2.			
	3.			
	4.			
HF TRANSMITTER	1.			
	2.			
	3.			
	4.			
EMERGENCY TRANSMITTER	1.			
	2.			
	3.			
	4.			
EPRIRB	1.			
	2.			
	3.			
	4.			
OTHER EQUIPMENT	1.			
	2.			
	3.			
	4.			

7. Documents to be Enclosed

- **Company Registration**
- **Copy of Corporate card**
- **Detailed Technical Specifications**
- **SCAMA approval/authorization**

7. Applicant's Declaration

I declare that:

- The information provided in this application is complete and correct;
- Any equipment and / or radio spectrum licensed as a result of this application will be used in compliance with NCA Laws and Regulations;
- I / we will notify NCA of any changes to the information provided;
- I am authorized to sign this application on behalf of the applicant.

Name:

Designation:

Full residential
address:

Email:

Telephone no.

Signature:

Date:

Official stamp: