Federal Republic of Somalia
NATIONAL COMMUNICATIONS AUTHORITY

SATELLITE SERVICE LICENSE APPLICATION FORM

1. APPLICANT PARTICULARS				
Client Type	☐ Company	☐ Person	☐ Gov/Parastatal	☐ Other_____
Name:				
Nationality:				
Customer No.		Company Reg. Number:		
Contact Person :				

Physical Address

Full address			
City			
Region		Tel. No.	
E-mail Address		Mobile No.	
Fax. No.		Nature of Business	

Postal Address if any

P.O. Box			
City		Mobile No.	

Detail Information:

Site Location* _____
Physical Address of Base Station or Operation Area:
Street _____

Township _____

City/Town* _____

District* _____

Country* _____

Latitude* _____º_____'_____"_____

Longitude* _____º_____'_____"_____

Site Altitude(m)_____

Site Category* ☐ **Host** ☐ **Repeater**
☐ **Transmit**

Equipment:
Make*_____**Model***_____

Equipment Serial Number*_____

Uplink Frequency (MHz)* _____

Downlink Frequency (MHz) _____

Power to Antenna*_____ ☐ Watts ☐ dBm

Antenna:

Make*_____**Model***_____

Official use only	
☐ Using TCI ☐ Other	
Antenna Type (Ant. Pattern)	(/)

Antenna Gain (dB)* _____

Polarization* _____

Antenna Height (m)* _____

Main Lobe Azimuth (deg)* _____

Beam Width (H deg)* _____
Beam Width (V deg)* _____

Antenna Diameter (m)* _____

**Required: Customer must fill in these fields*

Satellite Site Type (Choose one)

☐ INTELSAT ☐ VSAT

☐ INMARSAT A ☐ SNG

☐ INMARSAT B LAND ☐ SATELLITE LINK

☐ INMARSAT C

☐ INMARSAT M LAND

☐ Others ……....

Operational Date: ……..

Inmarsat Information:

Number Allocated	
Service	**Inmarsat Number**

Official use only	
CallSign	
Equipment Fee Code	
Fee Count	