



**TELECOMMUNICATIONS ACT 2000
APPLICATION FOR SPECTRUM LICENCE**

Name of Applicant

Address.....

Nationality

Person or Organization to be engaged in the installation and maintenance of the equipment:

Name:

Address:

State your need for radiocommunication and in what way the lack of these facilities has been affecting your activities:

.....
.....

Date proposed for start of operations:

Particulars of situations should be entered on the schedule attached hereto. Locations of any base fixed or relay station to be sited within 2 miles radius of an aerodrome:

.....

Indicate Site Details (Names, GPS Coordinates, Parish and Height Above Sea Level (ASL))

NAME	GPS COORDINATES	PARISH	HEIGHT ASL

Indicate the frequency band and the proposed frequency channel plan.

.....

Please attach network diagram (Applicable only if multiple repeater stations are being proposed).

Name of Authorised Company Representative:

Title:

Signature.....

Date:

APPENDIX

NAME	GPS COORDINATES	PARISH	HEIGHT ASL
<i>Ex. FREE HILL</i>	<i>18 25 12.4 N 77 16 02.4 W</i>	<i>St. Ann</i>	<i>200</i>

SAMPLE