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# Spectrum Management Authority

# Application for Type Approval of Radiocommunication Equipment

Date of Application: ………………………………………………………….

**Part 1.** **Applicant Information**

Name of Applicant …………………………………………………………..……………….

Address: ……………………………….…………………………………………...................

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Telephone no: ..…………………………………………………………………………………

Facsimile no: …………………………………………………………………………………...

E-mail address: ..………...………...............................................................................................

Name of Grantee:……………………………………………….

Address: ……………………………….…………………………………………...................

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**Part 2** **Radio communication Equipment Information**

3.1 Model No.: ………………..………………… 3.4 Country ……………………….......

3.2 Brand Name: ………………………………… 3.4

3.3 Manufacturer: ……………………………….. 3.6

Device Operating Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Items | Frequency Range (MHz) | Output(Watts) | FrequencyTolerance  | EmissionDesignator |
| Example | 704 – 716 | 0.0043 | 2.5 | 4M49D7W |

3.9 Functional Description of Device ……………………………………………………………………………………………………

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**Part 3.** **Attached Documents and Equipment**

 🞎 Technical Specifications of Equipment

 🞎 A copy of the test report (EMC, RF Safety etc) of the technical characteristics of the radio communication equipment, issued by a recognized test or certification body.

 Name of test or certification institution.…………………………………….……

 ……………………………………………………………………………………

 Country ….………………….……..

* A copy of accreditation certificate of test or certification body
* User Manual (may be optional if test procedure outlines the operations of the equipment)
* Letter of Authorization (if applicant is an Authorized institution).
* A physical sample of the equipment requiring type approval

 🞎 Others (please state)

 .………………………………………………………………………..…………...

 🞎 Processing fee of US$350.00 per model for type approval certification

***I hereby certify that all information provided above and the document attached hereto are true and correct, and I shall comply with the policies and procedures on Type Approval Certification of Radio equipment and any regulation or order relevant to radio communication equipment in Jamaica.***

***Name (in block capitals)………………………………………***

 ***Applicant/ Authorized person***

***Signature …………………………………………***

 ***Position ……………………………………….***

 ***Date ………/………………/……………….***

***All information presented to the SMA will be treated as confidential.***

***Additional Device Operating Details***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Items*** | ***Frequency*** ***Range (MHz)*** | ***Output******(Watts)*** | ***Frequency******Tolerance***  | ***Emission******Designator*** |
|  |  |  |  |  |