Date of Application:



## Spectrum Management Authority Application for Type Approval of Radiocommunication Equipment

Part 1.	Applicant Information							
Name of Applicant								
Telephone no: Facsimile no:								
Name of Grantee:  Address:								
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)	Frequency Tolerance	Emission <u>Designator</u>				
Example	704 – 716	0.0043	2.5	4M49D7W				

3.9	Functional Description of Device					
•••••						
•••••	• • • • • • •					
•••••						
•••••						
<u>Part 3.</u>	Atta	ched 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				
and co Certific	rrect, ation	fy that all information provided above and the document attached hereto are true and I shall comply with the policies and procedures on Type Approval of Radio equipment and any regulation or order relevant to radio on equipment in Jamaica.				
Name (	in blo	ck capitals)Applicant/ Authorized person				
Signatu	ıre					
	Positio	on				
	Date	/				

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

Additional Device Operating Details

Items	Frequency Range (MHz)	Output (Watts)	Frequency <u>Tolerance</u>	Emission <u>Designator</u>