



APPLICATION FOR BROADCAST SPECTRUM

APPLICANT'S INFORMATION				
Name of Applicant:	Address:		Nationality:	
Type of Applicant (Company, Individual) <div style="text-align: center; margin-top: 5px;">Individual Company</div>	Contact Number:	Email:		
Person or Organization responsible for installation and maintenance of equipment/station:				
Name:				
Address:				
Contact Number:				
Email:				
State your need for an FM Broadcast Authorization and in what way the lack of this authorization has or will affect your activities.				
Date proposed for start of operation:	Number of Channels being requested and Call Sign.	Number of broadcast stations being proposed.	Studio Address and Location:	
			Lat.	N
			Long.	W
State the areas (comma separated) to be covered by Broadcast station(s).			Type of Station: Low Power FM Regional FM Island-wide FM TV Broadcast	



Name of Authorized Company Personnel:	Title:
Signature:	Date:

Updated Jan 2019

For Official Use Only		
Customer Number:	Application Number:	
Date Submitted:	Comment:	
Name of Employee:		