



Form 2
Class Licence Application Form - Type B Service

Under section **32** and of the Telecommunications **Act 31 of 2000**

Grenada

Name of Applicant:

Type of Application:

New Application

Application to Modify/Amend an Existing License

Application to Renew Licence

Please tick the licence that is being applied for:

Aeronautical Mobile Radio Licence

Land Mobile Radio Licence

Maritime Mobile Radio Licence



National Telecommunication Regulatory Commission

Grenada

Guidance Notes

- This application form can be used for first issue and renewal of licences.
- Three (3) copies of the completed application form should be submitted in an envelope clearly marked “Telecommunications Licence Application” addressed to the National Telecommunications Regulatory Commission, Maurice Bishop Highway, Grand Anse, P.O. Box 854, St. George’s Grenada.
- The completed application form must be accompanied by a total fee of Four Hundred dollars EC\$400 (*\$200 for the Class licence and \$200 for the Frequency Authorisation*) per licence application, payable to the National Telecommunications Regulatory Commission (NTRC).
- For renewal of licence(s), please attach a copy of the present or existing licence to completed application form.
- For sections that are not applicable, write “NOT APPLICABLE” in bold or in print.
- Please indicate which, if any, information provided by the applicant in this application is confidential.
- Please note that any word, phrase or expression used herein shall have the same meaning as it has in the Telecommunications Act 31 of 2000.
- Applications should include schematic of the network where applicable
- Copies of technical details of equipment and approval certificates may be requested.
- Photocopies of technical specifications of equipment should be attached.



1. PART I -THE APPLICANT
(Please complete fully in type or block letters)

1.1 Contact Details

1.1.1 Name of Applicant:

1.1.2 Address of Applicant (**Business/Home Address**):

Address of Applicant (**Postal Address**):

1.1.3 Licence No:

1.1.4 Designated contact person:

1.1.5 Telephone number:

1.1.6 Fax Number:

1.1.7 Email address:

1.1.8 Website:

1.1.9 State whether the licence is required for a (registered) business:

YES

NO

If YES answer (a) and (b) below if NO proceed to question 1.1.10



- (a) State whether the applicant is a company, partnership, sole proprietorship

- (b) Business's registration number. *(Please supply a copy of the Business Registration Certificate and/or Certificate of Incorporation):*

1.1.10 If a licence is being applied for personal use, please answer the following questions:

Date of Birth:

Age on last birthday:

Nationality:

Registration Number of Identification Card:

Passport Number:

Occupation:

**3.3 Details of Communication Equipment:****3.3.1 PORTABLE/ HANDHELD***In the event that you have more than four portable/handheld radios photocopy this table include the additional radios*

	Radio #1	Radio #2	Radio #3	Radio #4
Transmit Power (W)				
Bandwidth (MHz)				
Antenna Gain (dBi)				
Polarization				
No. of channels <i>(indicate simplex or duplex)</i>				
General Area of Use				
Radio Make and Model				
TX Low Frequency Limit				
TX High Frequency Limit				
RX Low Frequency Limit				
RX High Frequency Limit				

3.3.1 MOBILE (for vehicle, boat or aircraft)*In the event that you have more than four portable/handheld radios photocopy this table include the additional radios*

	1	2	3	4
Transmit Power (W)				
Bandwidth (MHz)				
Antenna Gain (dBi)				
Polarization				
No. of channels <i>(indicate simplex or duplex)</i>				
General Area of Use				
Radio Make and Model				
TX Low Frequency Limit				
TX High Frequency Limit				
RX Low Frequency Limit				
RX High Frequency Limit				
Ant. Make and Model				
Ant. EiRP (dBm)				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				

**3.3.2 BASE/FIXED STATIONS AND REPEATERS (If Applicable)****3.3.2.1 Site/Location***(Indicate at top of columns if the info is for a Base station or Repeater)*

Base Station	Repeater	Equipment #1	Equipment #2	Equipment #3	Equipment #4
Station Name/Location					
Longitude					
Latitude					

3.3.2.2 Equipment*(Indicate at top of columns if the info is for a Base station or Repeater)*

Base Station	Repeater	1	2	3	4
Make and Model					
TX Low Frequency Limit					
TX High Frequency Limit					
RX Low Frequency Limit					
RX High Frequency Limit					

3.3.2.3 Antenna*(Indicate at top of columns if the info is for a Base station or Repeater)*

Base Station	Repeater	1	2	3	4
Ant. Make and Model					
Ant. EIRP (dBm)					
Ant. Low limit Frequency					
Ant. High Limit Frequency					
Ant. Type					
Ant. Gain (dBi)					
Polarization					

3.3.2.4 Station*(Indicate at top of columns if the info is for a Base station or Repeater)*

Base Station	Repeater	1	2	3	4
Station ERP					
Station TX Power					
Stations Antenna Height					
Band width Frequency					
Number of Channels					



3.4 Frequencies requested

Specific Frequency/Frequencies Required:

Nature of Service:

Number of Channels Required: - Simplex

Repeater

Voice:

VFT²:

Data:

Others:

3.5 Details of Communication Points:

(If this space is not sufficient, please use extra paper to indicate the stations)

Type of Station	Location of Station or Registration Number of Vehicle/Boat/Aircraft	Number of Units	Call Sign
Base/Fixed			
Mobile			
Repeater			
Any Other Equipment			



PART IV - DECLARATION²

On behalf of the applicant, I declare that the information provided by me on behalf of the applicant is accurate and complete in all respects.

Signed:

Full name of signatory:

Position held:

Date:

(dd/mm/yyyy)

²This declaration must be signed:

- (i) in the case of an individual, by the person in whose name the application is made;
- (ii) in the case of a partnership, by a partner; or
- (iii) in the case of a company or other body corporate, by a director, company secretary or other authorised officer.



Appendix 1

Applicant Name:

Application for:

Type of Company

Please tick appropriate box:

Sole Ownership

Partnership

Limited Liability

Other (*please specify*)

Shareholders

Please list the name, address and the percentage of shares of all the shareholders.

Name	Address	Share Percentage

Full Name of Signatory:

Authorised Signature:

Date:

(dd/mm/yyyy)