

Form 2

Class Licence(s) Application Form - Type B Service
Under section 31 of the Telecommunications Act 2001

Saint Vincent and the Grenadines

Name of Applicant: _____

- Type of Application:**
- New Application
 - Application to Modify/Amend an Existing Licence
 - 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 Telecommunications Regulatory Commission
Kingstown**

Saint Vincent and the Grenadines

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 Class Licence Application” addressed to the Secretary of the National Telecommunications Regulatory Commission, Kingstown, Saint Vincent and the Grenadines.
- The completed application form must be accompanied by a fee of Two Hundred Eastern Caribbean Dollars (EC\$200.00), per licence, payable to the National Telecommunications Regulatory Commission, Kingstown, Saint Vincent and the Grenadines
- For renewal of licence(s), please attach a copy of the present or existing licence to completed application form.
- For questions or 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 2001.
- 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 1 – The Applicant**
(Please complete fully in type or block letters)

1.1 **Contact Details**

1.1.1 Name and address of applicant _____

1.1.2 Address of Applicant:

Business/Home Address

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: _____

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

(Indicate at top of columns Base station or Repeater)

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

3.3.2.2 Antenna

(Indicate at top of columns Base station or Repeater)

Base Station/Repeater				
Ant. Make and Model				
Ant. EIRP (dBm)				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				
Ant. Gain (dBi)				
Polarization				

3.3.2.3 Equipment

(Indicate at top of columns Base station or Repeater)

Base Station/Repeater				
Make and Model				
TX Low Frequency Limit				
TX High Frequency Limit				
RX Low Frequency Limit				
RX High Frequency Limit				

3.3.2.4 Station

(Indicate at top of columns Base station or Repeater)

Base Station/Repeater				
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: - _____

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 No. of Vehicle/Boat/Aircraft	Number of Units	Call Sign
Base/Fixed			
Mobile			
Portable / Handheld			
Repeater			
Any Other Equipment			

Name and address of the manufacture of Equipment:-

PART IV - DECLARATION¹

(Delete the option that does NOT apply)

(Delete the option that does NOT apply)

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

Signed

Full name of signatory:

Position held:

Date:- _____

¹

² VFT-Voice Frequency Telegraphy

³This declaration must be signed:

(a) in the case of an **individual**, by the person in whose name the application is made;

(b) in the case of a **sole proprietorship**, by the sole proprietor, or

© in the case of a **partnership**, by a partner; or

(d) in the case of a **company or other body corporate**, by a director, company secretary or other authorised officer.