

Independent Communications Authority of South Africa

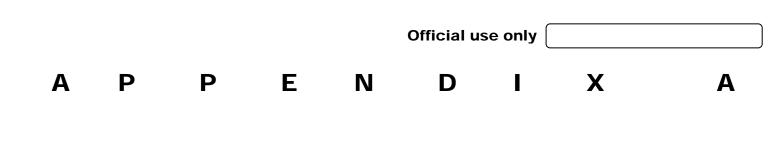
Visit <u>www.icasa.org.za</u> for Head Office & Regional Offices Contact Information

SECTION 1: RADIO COMMUNICATION APPLICATION

The form must be completed in CAPITAL LETTERS, and in BLACK INK

Number of appendices attached A,B,C,D e.g. (1 of 20) of

Application Type Type Of Service Temporary/Test Licence Date Aeronautical From То Transfer Alarms New Radio Type Approval New Radio Communication Service Amateur Radio Modify Type Approval Cellular Radio Communication Service Modification Citizen Band Existing Licence No. **Civil Defence Force** Communal Repeater Demonstration **Official Use Only** Experimental Recommended Link above 1000 MHz Link below 1000 MHz Approved Signature Maritime Not Approved Load Shedding Signature Pending Waiting List Message Handling Date Paging Private Officer Private Repeater Satellite Date Notes Short Range Business Portable ski-Boat Special Telemetry Trunking Radio Suppliers/Technicians Vehicle Tracking Very Short Range Band Other Wan Specify



Number of appendices attached A, B, C, D (e.g. 1 of 20)

of

DETAILS OF FIXED AND MOBILE TERRESTRIAL SERVICE

Name of Company / Individual						
If extending an existing licence, provide licence no						
Information to be transmitted:	Voice	Data	\bigcirc	Video	\bigcirc	
Purpose of Service						
Nature of Service						
Operation Simplex Duplex	Operation	al Area				
For HF Stations only:						
Designation of emission		Hours of operation		/		
			Fro	m	to	

APPENDIX A: DETAILS OF FIXED & MOBILE TERRESTRIAL SERVICE

Site B Information		Site B/Link	
Number of Stations: Mobiles	Class of Station (ITU Classification)	Path Length	
Handhelds	Alarm Outstations	Total Propagation Loss in dB	
Capacity/Bitrate	Modulation Scheme	Service Area/ Radius in Km	

	B: (Any Other Station: Mobile, Handheld, Alarms, Outstation, etc.) TE: Duplicate and complete this page for each fixed station
Name of Site/ Station	Site / Station Co-ordinates (Deg, Min, Sec)
Building/Farm	(Deg, Mill, Sec) East D M S
Street name	No. Building Farm Plot
Suburb	City Postal Code
Contact Person	Telephone/Cell
Site/Station height	above Sea Level (ASL) Antenna height above Ground Level (AGL)
Equipment Manufa	cturer and Brand Name Model No.
Transmitting Powe	r Watt dBm Effective Isotropic Radiated Power (EIRP) Watt dBm
Type of Tone Codi	Antenna Manufacturer
Antenna Gain: Tx	(dBd) (dBi) Rx (dBd) (dBd) Polarisation
Antenna type and model	Receiver Sensitivity Threshold (dBm)(dBuv)(uv)
Antenna diameter (if applicable)	m Frequencies Required KHz MHz GHz
Tx: Fixed/ Coupling loss	Rx: Fixed (Mark applicable) Coupling loss (dB)
Number of antennation be used at site	ae Height of antenna centre m Channel Spacing
Co-ordinates of antennae	South D M S East D M S
Equipm	nent Type Approved by ICASA Yes No

Agreement by applicant (must only be signed by applicant)

I/We understand that if my/our application is approved the licence will be subjected to the provisions of the Electronic Communications

Act, 2005 (Act No. 36 of 2005), and the Regulations made thereunder, as and	mended from time to time.
SURNAME IN CAPITAL LETTERS	Capacity
	Date

SECTION 3: CLIENT INFORMATION

Company
Trading Name
Department
Registration No. Vat No.
Title Initials Sumame
ID No. Nationality
Area Code Tel. (B) Area Code Tel. (H)
Area Code Fax No. Cell.
E-Mail
Business or Residential Address
Building/ Farm/Plot
Street No. Street
Suburb
City/Town Postal code
Postal Address if different from the above
Postal code
Account Information
Surname of person responsible for payment of the account
Title Initials Job Title or Position
Name of branch or division responsible for payment of the account
Postal address
Postal code
Area Code Fax No Cell.
If you are already in possession of the radio equipment state date on which acquired
Licence number of previous owner
Name and address of previous

SECTION 3: CLIENT INFORMATION (continued)

		nt is a private pers		name and	address of <u>r</u>	next of kin not	living with you)	
itle	Initials		Surname					
No.					Relation	iship		
rea Code	Tel. (B)			Area Code) Tel. (H)		
rea Code	Fax No.			Cell.				
esidenti	ial Address							
						Postal Co	de	
ostal Ad	dress							
						Postal Co	de)
	hat should the ap	plicant be under	the age o	f 18 the fo	ollowing sh	ould be com	oleted	
	f Guardian		Sumame					
D No.					Relation	iship		
rea Code	Tel. (B)			Area Code		 Tel. (H)		
rea Code	Fax No.			, Cell.				
	ial Address			,)
						Postal Cod	de	
ostal Ad	dress							
					i	Postal Code		
greem	ent by applic	ant (must o	nly be s	signed	by appli	cant)		
	and that if my/our applic						Communications	
ot, 2005 (Act	t No. 36 of 2005) and th	e Regulations made th	hereunder, as	s amended fr	om time to time	9.		
	~)
SL	URNAME IN CAPITAL	LETTERS	_			Capacity		
							Date	