



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 570

Pretoria, 28 December
Desember 2012

No. 36046

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GENERAL NOTICE**NOTICE 1068 OF 2012****INDEPENDENT COMMUNICATIONS AUTHORITY OF SOUTH AFRICA (ICASA)**

**DRAFT REGULATIONS FOR THE TYPE APPROVAL OF ELECTRONIC COMMUNICATIONS
EQUIPMENT AND ELECTRONIC COMMUNICATIONS FACILITIES AND THE
CERTIFICATION OF TYPE APPROVED EQUIPMENT**

1. The Independent Communications Authority of South Africa (herein after referred to as "ICASA") hereby gives notice in terms of section 4(4) of the Electronic Communications Act No. 36 of 2005 (herein after referred to as "the Act") of its intention to prescribe draft regulations for the Type Approval of Electronic Communications Facilities and/or Electronic Communications Equipment in terms of section 35(1) of the Act and section 4(3)(j) of the Independent Communications Authority of South Africa Act No. 13 of 2000 as amended ("the ICASA Act").
2. A copy of the proposed regulation is available on the Authority's website at <http://www.icasa.org.za> and in the ICASA Library at 164 Katherine Street, PinMill Farm, Sandton Block D, between 08h30 and 16h30, Monday to Friday.
3. Interested persons are invited to submit written representations on these draft Type Approval Regulations by **15 February 2012** by post, hand delivery, facsimile transmission, or electronically (in Microsoft Word) for the attention of:

Albert Ntavhaedzi

Project Leader

or

Block A

ICASA

Pinmill Farm

Private Bag X10002

164 Katherine Street

Sandton

Sandton

2146

2146

Fax: (011) 566 3688 / 3856

Telephone: (011) 566 3000 / 3855

E-mail: ANtavhaedzi@icasa.org.za

4. All written representations submitted to ICASA pursuant to this notice will be made available for inspection by interested persons at the ICASA library and copies of such representations will be obtainable on payment of the prescribed fee.
5. At the request of any person who submits written representations pursuant to this notice, ICASA will determine whether such representations or any portion thereof is

confidential in terms of section 4D of the ICASA Act. If the request for confidentiality is declined by the Authority, the licensee making the request will be allowed to withdraw such representations or portion thereof.

6. The final regulation will be published in the government gazette.

A handwritten signature in black ink, appearing to be 'S. Mncube', is written over a light gray, textured rectangular background.

DR STEPHEN MNCUBE
CHAIRPERSON

DRAFT REGULATIONS FOR THE TYPE APPROVAL OF ELECTRONIC COMMUNICATIONS EQUIPMENT AND ELECTRONIC COMMUNICATIONS FACILITIES AND THE CERTIFICATION OF TYPE APPROVED EQUIPMENT

1. DEFINITIONS

In these Regulations, unless the context indicates otherwise a word or expression to which a meaning has been assigned in the Act or the ICASA Act has the meaning so assigned

“**Accredited Test Laboratories (ATL)**” means any laboratory accredited by its own national accreditation body and/or other recognized accreditation body in terms of ISO/IEC 17025 requirements;

“**Applicant**” means any person that submits a completed application form to the Authority in terms of regulations 6 and 7;

“**Type Approval fees**” means fees relating to Type Approval as set out in schedule 1 of these regulations;

“**Authority**” means the Independent Communications Authority of South Africa (ICASA);

“**Equipment**” means electronic communications equipment, electronic communications facility or radio equipment;

“**ICASA Logo**” means the logo of the Independent Communications Authority of South Africa registered in terms of the patent laws of the Republic;

“**Notification Date**” means the date upon which the Authority receives a completed application form with relevant supporting documents;

“**Official List**” means regulations issued in terms of section 36 of the Act and is updated from time to time;

“Provisional Type Approval” means a procedure in terms of regulation 10 of these regulations;

“Radio Equipment” means equipment or related components which include one or more transmitters and/or receivers and/or parts thereof, which have a primary function of radio transmission and/or reception of radio waves, utilising the frequency spectrum allocated to celestial, terrestrial, or space radio communications. This type of equipment may be used in a fixed, mobile or portable application;

“Simplified Type Approval” means a procedure in terms of regulation 7 of the regulations,

“Standard Type Approval” means a procedure in terms of regulation 6 of these regulations;

“Supplier” means manufacturer, importer, and distributor of equipment or any person registered with the Authority for the purpose of Type Approval;

“Telecommunication Equipment” means equipment connected to and used within telecommunication network, including telecommunication terminal equipment and may be powered by the telecommunication network;

“Telecommunication Terminal Equipment (TTE)” means equipment (or a significant part of equipment), which enables communication and which is intended to be used by end-user or Service Provider equipment connected, directly or indirectly, by any means to interfaces of telecommunication network;

“Test Report” means the full report confirming conformity to relevant standards, issued by an accredited test laboratory;

“Type Approval” means a process by which equipment or a device or system is authorized by the Authority to be used in South Africa or imported into South Africa and

involves verification of the equipment's compliance with the applicable standards and other regulatory requirements;

“the EC Act” means the Electronic Communications Act, 2005 (No. 36 of 2005) as amended;

“Type Approval Certificate” means a certificate issued by the Authority confirming compliance by the equipment to prescribed national standards and other regulatory requirements of the Authority. This certificate will only be issued to a South African registered company;

“Type Approval Holder” means a person registered with the Authority and in possession of a type approval certificate issued by the Authority that confirms compliance by the equipment to prescribed technical standards and other regulatory requirements of the Authority;

“Type Approval Register” means a register that contains basic, technical and compliance information on all equipment approved by ICASA for use, import and to supply in South Africa.

2. PURPOSE OF REGULATIONS

The purpose of these Regulations is to:

- (a) Streamline the type approval framework in accordance with the EC Act;
- (b) Specify the fees structure with respect to Equipment Type Approval.

3. EQUIPMENT REQUIRING TYPE APPROVAL

- (1) Any type of electronic communications equipment used or to be used in connection with the provision of electronic communications, unless explicitly exempted by the Authority, is subject to Type Approval by the Authority.

- (2) The equipment that was type approved by the Authority prior to the implementation of these regulations shall be included in the Type Approval Register.

4. CERTIFICATION

- (1) A Type Approval certificate is only valid for unmodified equipment of the same model that has been type approved and for a period of five (5) years from the date of issue.

5. REGISTRATION OF SUPPLIER

- (1) All applicants for Type Approval are required to firstly register on the ICASA database as a Supplier of electronic communications equipment. This registration will be a once-off activity whereby registered Suppliers, will in future make applications without having to re-register with the Authority.
- (2) Registration shall only be afforded to South African persons.
- (3) Should the details provided when registering as a Supplier change, the onus is on the applicant to supply the Authority with the latest updated information within thirty (30) days of the change occurring.

6. STANDARD TYPE APPROVAL

- (1) A Type Approval Application should at a minimum be accompanied by the following:
- (a) Test reports confirming compliance with the relevant standards in the technical regulations;
 - (b) Technical-, physical-, operational-, installation- and user-information;
 - (c) Software and Firmware version numbers for the equipment being type approved;
 - (d) Motivation for an alternative method of labelling, if applicable;
 - (e) Proof of Payment of the prescribed non-refundable Type Approval fee;
 - (f) A declaration indicating how the obsolete equipment will be disposed of in an environmentally responsible manner.

- (2) An application form is not complete unless accompanied by all requisite documentation in terms of subregulation (1).
- (3) The Authority may, where it deems it necessary, request the Applicant to submit additional supporting documents as evidence of compliance with the relevant standards.
- (4) A successful outcome of the assessment of the application under Standard Type Approval will result in the Authority issuing a Type Approval Certificate.
- (5) The unsuccessful applicant may however, address the non-compliance and submit a new application for Type Approval.
- (6) The duration for processing the submitted application will be specified in the Type Approval Guidelines, 2013.

7. SIMPLIFIED TYPE APPROVAL

- (1) No application for Type Approval under Simplified Type Approval shall be processed unless such equipment appears on the Authority's Type Approval Register.
- (2) The applicant must ensure that the equipment applied for is identical to the equipment that is already type approved and appears on the Type Approval Register.
- (3) For all type approval applications with equipment in the Type Approval Register; regulation 6(4) to (6) shall apply.

8. APPLICABLE STANDARDS

The applicable technical standards for electronic communications equipment and electrical equipment, including radio equipment prescribed in terms of section 36 of the EC Act is found in the "Official List of ICASA Regulated Standards for Technical Equipment and Electronic Communications Facilities".

9. TEST REPORTS

- (1) The Authority will only accept test reports that are issued by any ATL.
- (2) Applicants must submit a test report in full and are not allowed to remove or modify any portion of the test report.
- (3) The Authority may at its sole discretion, accept a test report conducted in another jurisdiction if the Applicant can prove to the Authority's satisfaction that the test is of a comparable standard, was submitted to and accepted by a regulatory authority and that it was conducted by a laboratory that is accredited in the relevant jurisdiction.
- (4) Test reports that are older than five (5) years will not be accepted by the Authority.
- (5) A test report is only valid if it was prepared for the equipment for which approval is being applied for and if no modifications have been made to the equipment following the completion of the test report.

10. PROVISIONAL TYPE APPROVAL

- (1) The Authority may award an applicant a Provisional Type Approval Permit for a period of up to 6 months in the event that the Applicant would like to:
 - (a) Use equipment for research or demonstrations purposes on a non-commercial basis;
 - (b) Test equipment in the ATL in South Africa;
- (2) The equipment(s) specified in the permit granted in terms of subregulation (1) must be used exclusively by the applicant.
- (3) When requesting provisional type approval the Applicant must submit information regarding:
 - (a) Purpose of the test;
 - (b) Details of the units to be tested, including quantity and serial number;
 - (c) Details of the proposed recipients of the units;
 - (d) Duration of the test;

- (e) The geographical area where the tests or demonstrations are to be performed.
- (4) In case of testing of terminal equipment (such as cellphones), the Authority shall publish a notice stipulating the maximum number of units allowable as stipulated in subregulation 3(b) from time to time.
- (5) In the event that final Type Approval is not awarded, the Applicant is obliged to ensure that all the units that were deployed or used are withdrawn at their own cost and within thirty (30) days of the lapsing of the provisional Type Approval.
- (6) The Applicant must furnish the Authority with the report of the test or demonstrations after Provisional Type Approval has lapse.

11. TYPE APPROVAL FEES

- (1) The Authority will charge Type Approval fees in terms of schedule 1 of these regulations.
- (2) Type Approval fees are paid upfront and are non-refundable.
- (3) The Type Approval fees set out in schedule 1, will be adjusted by a maximum of the Consumer Price index (CPI) as published by Statistics South Africa or such other lower percentage as the Authority determines. The Adjusted Type Approval fees will be published annually in the Government Gazette.

12. VALIDITY OF THE TYPE APPROVAL CERTIFICATES

- (1) A Type Approval Certificate is valid for a 5 year period provided that:
- (a) No modifications with respect to the brand and/or product name, model, function or other information recorded on the type approval certificate or type approval register, are made to the equipment.
- (b) There are no significant changes to the technical specifications of the device or equipment. This includes, but not limited to:
- (i) The operating frequency band,
- (ii) RF power and technical standards based on which the equipment was type approved.

- (2) The certificate issued for type approved equipment remains valid for the duration of the validity of the Type Approval Certificate for the relevant equipment and may be updated or transferred by submitting written notification to the Authority within fourteen (14) days of the change of details or transfer.

13. LABELLING

- (1) All type approved equipment must have a legible label permanently affixed to the equipment and on its packaging/container as prescribed in terms of the Authority's Labelling Regulations.
- (2) Where justified in terms of the regulation 3(4) of the Labelling Regulations, the Authority may approve alternative methods of labelling.

14. MARKET SURVEILLANCE

- (1) The Authority may conduct Market Surveillance on all equipment including Type Approved equipment:
- (a) In the event that a complaint is made by a consumer or other competent body;
 - (b) As a part of a random audit conducted by the Authority to ensure compliance.
- (2) In carrying out Market Surveillance, the Authority may:
- (a) Require the Supplier of the type approved equipment to submit the equipment to the Authority for testing at an ATL to prove compliance with the applicable technical standards.
 - (b) Conduct a visual examination of the equipment, label, packaging and/or certificates.
- (4) In carrying out the Market Surveillance, the Authority shall not be liable to any party for any loss or damage to the equipment, but will bear the cost of any tests conducted.

15. REVOCATION OF TYPE APPROVAL CERTIFICATE

- (1) A Type Approval Certificate may be revoked in the event that:
 - (a) Modifications with respect to the brand and/or product name, model number or function or other information recorded on the Type Approval Certificate or Type Approval Register, are made to the equipment without applying for a new relevant Type Approval Certificate.
 - (b) After investigation of a complaint by a consumer or other competent authority of non-compliance, the Authority finds that:
 - (i) The type approved equipment fails a Conformity Assessment.
 - (ii) The Type Approval holder violated any conditions of the Type Approval Certificate.
- (2) All equipment that is the subject of a revoked Type Approval Certificate must be withdrawn from the market at own cost by the party responsible for placing the equipment into the market within thirty (30) days of the notification date.
- (3) The Authority will notify the relevant Supplier in writing of the revocation of their type approval certificate and the reasons for the revocation.

16. APPLICATIONS FORMS

- (1) The Applicant must use the applicable application forms to submit applications for the various categories of Type Approval to the Authority.
- (2) Application for Type Approval and Supplier registration must be made to the Authority using the prescribed Application form which is found in schedule 2 of these regulations.

17. REPEALED REGULATIONS

- (1) The Regulations published in terms of the Telecommunications Act, 1996 (Act No 103 of 1996), called the “Enactment of Telecommunication Regulations” dated 26 August 1994 in Gazette Notice R. 1463 are hereby repealed.
- (2) The “Regulations Relating to the Manner in which Applications for Certain Telecommunication Service Licences are to be made; The Period within which Applicants may make Certain Requests; and the Period within which Applicants may make Certain Representations to the Authority” issued in terms of the Telecommunications Act, 1996 (Act No 103 1996), on 28 November 2001 in Gazette Notice R. 1251, are hereby repealed.
- (3) The Regulations published in terms of the Telecommunications Act, Act No 103 of 1996, published as the “Equipment Type Approval Fees” in Government Gazette Number 22874 (Regulation No. 7217) dated 28 November 2001, are hereby repealed.

22. SHORT TITLE AND COMMENCEMENT

These regulations are called the Type Approval regulations and shall come into effect upon publication in the Government Gazette.

SCHEDULE 1: EQUIPMENT TYPE APPROVAL FEES**1. Application Fees**

(i)	Telecommunications Terminal Equipment (TTE)	R4000.00
(ii)	Radio Equipment (RF)	R4000.00
(iii)	Untested variant	R2000.00
(iv)	Tested variant	R2000.00
(v)	Badge Engineering	R4000.00
(vi)	Labels (pkts of 100 units)	R200.00

2. Miscellaneous

(i)	Administrative Modifications to Certificate (including transfer of the Certificate or Name change and/or address)	R500.00
(ii)	Technical modifications to Certificate	R500.00
(iii)	Re-issue of Certificate for the approved equipment	R250.00
(iv)	Administrative and Technical modifications	R500.00

SCHEDULE 2: TYPE APPROVAL APPLICATION FORMS

Schedule 2.1: Standard application form for radio equipment

Schedule 2.2: Standard application form for TTE

Schedule 2.3: Simplified application form for radio equipment and TTE

Schedule 2.4: Provisional type approval application form

Schedule 2.5: Supplier registration form

SCHEDULE 2.1**STANDARD TYPE APPROVAL APPLICATION FOR RADIO FREQUENCY
(RF) EQUIPMENT FOR USE IN SOUTH AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen and fill all the mandatory sections as denoted by asterisk *

***1. Name and address of Company within the borders of the RSA in
whose name the Type Approval Certificate must be issued:**

Name of Company: _____

Company Registration Number: _____

Vat Number: _____

Physical Address: _____

_____ Code _____

Postal address: _____

_____ Code: _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No.: (____) _____ Fax No.: (____) _____

Cell No.: _____

***2. Name and address of any other person or organisation acting on
behalf of the applicant:**

Name: _____

Address: _____

_____ Code: _____

Contact Person: _____

Email Address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***3. Name and address of the person responsible for the payment of the Type Approval fees:**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***4. Name and address of original equipment manufacturer (OEM):**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Email Address: _____

Website: _____

Telephone No.: _____ Fax No.: _____

***5. Brief description of the Equipment:** _____

5.1 Name of Equipment: _____

5.2 Original Equipment details:

5.2.1 Category: (Please indicate the appropriate description of your equipment)

GSM / IMT-2000 <input type="checkbox"/>	WiMax <input type="checkbox"/>	TETRA <input type="checkbox"/>	DECT <input type="checkbox"/>	Satellite <input type="checkbox"/>
Two-way radio transceiver <input type="checkbox"/>	Point-to-multipoint link <input type="checkbox"/>	Point-to-point link <input type="checkbox"/>	Receiver only <input type="checkbox"/>	Repeater <input type="checkbox"/>
WLAN <input type="checkbox"/>	RFID <input type="checkbox"/>	LTE <input type="checkbox"/>	SRD <input type="checkbox"/>	Model control <input type="checkbox"/>
Wideband wireless systems <input type="checkbox"/>	Wireless audio systems <input type="checkbox"/>	Wireless microphones <input type="checkbox"/>	Paging systems <input type="checkbox"/>	Broadcast <input type="checkbox"/>
Inductive loop system <input type="checkbox"/>	Smart Metering <input type="checkbox"/>	Telecontrol, Telemetry <input type="checkbox"/>	Monitoring equipment <input type="checkbox"/>	Measuring equipment <input type="checkbox"/>
Passive component <input type="checkbox"/>	Amplifiers <input type="checkbox"/>	<input type="checkbox"/>	Infrared <input type="checkbox"/>	LPVS <input type="checkbox"/>
AVI <input type="checkbox"/>	RTTT <input type="checkbox"/>	FDAA <input type="checkbox"/>	Other describe <input type="checkbox"/>	

5.2.2 Frequency band: (Please tick the appropriate frequency band)

- 9 kHz - 30 MHz 30 - 390 MHz 30 - 890 MHz
- 0.89 - 3 GHz 3 - 10 GHz 10 - 20 GHz
- 20 - 40 GHz > 40 GHz

5.2.3 Model: _____

5.2.4 Operating Frequency Range: _____

5.2.5 ITU Emission Classification: _____

5.2.6 Modulation Type: _____

5.2.7 Transmit Power EIRP: _____

5.2.8 Channel Spacing: _____

5.2.9 Special Features: _____

5.3 Details of equipment marketed in South Africa (If different from original manufacturing equipment):

5.3.1 Equipment Type _____

5.3.2 Model: _____

6. Modifications (if any) to rectify non-compliance. (Attach additional sheets if required)

***7. For ICASA inspections please indicate where modifications (if any) and maintenance work on this equipment will be carried out.**

Company: _____

Address: _____

 _____ Code: _____

Telephone No: _____ Fax No: _____

Contact Person: _____

***8. Person(s) to whom technical enquiries may be directed.**

(i). Name: _____ Telephone No: _____

(ii). Other: _____

9. Type Approval fee:

9.1 The prescribed Type Approval fee must be paid into ICASA's banking account only after the invoice has been generated by the ICASA's Finance Department.

ICASA's banking details are as follows:

Type of Account:	Deposit Account
Account Number:	1462002927
Branch Code:	146245
Bank:	Nedbank
Swift Address:	NEDSZAJJ
Reference:	Document Number (from the invoice)

Bank Address is as follows:

**Nedcor Limited
135 Rivonia Road
Sandton
South Africa
2196**

10. Labels

10.1 Please indicate the number of prescribed labels to be issued with this Type Approval application:

TYPE	QUANTITY
SMALL LABELS	

Note: The cost of labels is additional to the Type Approval fee.

***11. Type of application (Please tick the correct one).**

- New Application Untested variant Tested variant Badge Engineering

***12. Indicate whether the equipment is intended for use as:**

Stand-alone	
Dual interface equipment (RF and Telecomms)	
Plug-in card	
Modular	
Other	

13. The following documentation MUST accompany this application forms:

13.1 Technical, physical, operational, installation and user information.

13.2 A functional description of the equipment, at least at block diagram level.

13.3 Test reports (RF, EMC & Safety), confirming compliance with the relevant standards, in soft copy in PDF format / CD ROM (issued by any accredited testing facility).

13.4 A functional block diagram including photographs (digital also acceptable).

14. Submission of Application forms:

14.1 Postal address:

The completed application form and support documentation must be submitted to:

**The Manager
Type Approval & Licensing Unit
Independent Communications Authority of South Africa (ICASA)
Private Bag X10002
SANDTON, 2196
South Africa**

14.2 Physical address:

Completed application documentation may also be delivered by hand to:

**ICASA Head Office
Pin Mill Farm, Block B
164 Katherine Street
SANDTON 2196
South Africa**

14.3 Submitted electronically to: TALApplications@icasa.org.za

***15. UNDERTAKING BY APPLICANT:**

15.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects reasonably required for testing, inspection and/or evaluation purposes.

15.2 I/We undertake that all equipment supplied, subsequent to the issuing of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

15.3 I/We accept that the type approval of the aforementioned system is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the supplementary conditions imposed by ICASA from time to time.

15.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

I certify that this declaration was signed and sworn to before me at on the.....day of.....20....., by the deponent who acknowledged that he/she:

- 1. Knows and understood the contents hereof;
- 2. Has no objection to taking the prescribed oath or affirmation; and
- 3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS
Name:
Address:
Capacity:

SCHEDULE 2.2**STANDARD TYPE APPROVAL APPLICATION FOR
TELECOMMUNICATION TERMINAL EQUIPMENT FOR USE IN SOUTH
AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen and fill all the mandatory sections as denoted by asterisk*

***1. Name and address of South African registered company in whose name the licence must be issued:**

Name of company: _____

Company Registration Number: _____

Vat Number: _____

Physical Address: _____

Code: _____

Postal address: _____

Code: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No: _____ Fax No: _____

Cell No: _____

***2. Name and address of person or organisation acting on behalf of the applicant:**

Name: _____

Address: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***3. Name and address of original equipment manufacturer:**

Name: _____

Address: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***4. Telecommunication Terminal Equipment description:**

4.1 Original equipment details:

4.1.1 Brand Name: _____

4.1.2 Model: _____

4.2 Name and model number under which the equipment will be marketed in South Africa:

4.2.1 Brand Name: _____

4.2.2 Model: _____

***5. Modifications (if any) to rectify non compliance, as indicated in the test reports. (Attach additional sheets if required)**

***6. For ICASA inspections please indicate where modifications (if applicable) and maintenance work on this equipment will be carried out:**

Name: _____

Address: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ **Fax No.:** _____

Cell No.: _____

***7. Person(s) to whom technical enquiries may be directed:**

Name: _____

Website: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ **Fax No.:** _____

Cell No.: _____

***8. Equipment Type (Category):**

Description: _____

Model: _____

Transmission Systems <input type="checkbox"/>	DECT <input type="checkbox"/>	E1 <input type="checkbox"/>	Soft Switch <input type="checkbox"/>
Switching and Signaling Systems <input type="checkbox"/>	ISDN BRI <input type="checkbox"/>	VOIP Systems <input type="checkbox"/>	International Gateway <input type="checkbox"/>
Telephone Networks <input type="checkbox"/>	ISDN PRI <input type="checkbox"/>	Measuring Equipment's <input type="checkbox"/>	Copper Transmission <input type="checkbox"/>
Data Communication Networks <input type="checkbox"/>	ADSL <input type="checkbox"/>	Lines, connections and circuits <input type="checkbox"/>	DVB <input type="checkbox"/>
Powerline Telecommunication <input type="checkbox"/>	PSTN Legacy <input type="checkbox"/>	Fibre optic <input type="checkbox"/>	Audio-Visual Systems <input type="checkbox"/>
Telex, teletext, telefax <input type="checkbox"/>	Telephone Equipment <input type="checkbox"/>	Copper <input type="checkbox"/>	Other please describe: <input type="checkbox"/>

9. Supporting documentation

The following documentation **MUST** accompany this application:

9.1 Technical, physical, operational, installation and user information.

9.2 A functional description of the equipment/system, at least at block diagram level.

9.3 Test reports (EMC, EMI & Safety) (where applicable), confirming compliance with the relevant standards, in soft copy in PDF format / CD ROM (issued by any accredited testing facility).

9.4 A functional block diagram including digital photographs.

10. Application fees:

The prescribed Type Approval fee must be paid into ICASA's banking account only after the invoice has been generated by the ICASA's Finance Department.

ICASA's banking details are as follows:

Type of Account:	Deposit Account
Account Number:	1462002927
Branch Code:	146245
Bank:	Nedbank
Swift Address:	NEDSZAJJ
Reference:	Document Number (from the invoice)

Bank Address is as follows:

**Nedcor Limited
135 Rivonia Road
Sandton
South Africa
2196**

11. Submission of Applications**11.1 Postal address:**

The completed application form and support documentation must be submitted to:

**The Manager
Type Approval & Licensing Unit
Independent Communications Authority of South Africa (ICASA)
Private Bag X10002
SANDTON, 2196
South Africa**

11.2 Physical address:

Completed application documentation may also be delivered by hand to:

**ICASA Head Office
Pin Mill Farm, Block B
164 Katherine Street
SANDTON 2196
South Africa**

11.3 Submitted electronically to: TALApplications@icasa.org.za.

***12. UNDERTAKING BY APPLICANT:**

12.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects required for testing and/or evaluation purposes.

12.2 I/We undertake that all equipment supplied, subsequent to the issue of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

12.3 I/We accept that the licensing of the aforementioned system is subject to the provisions of the Electronics Communications Act, (Act No.36 of 2005) and the conditions imposed by ICASA from time to time.

12.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

I certify that this declaration was signed and sworn to before me at on the.....day of.....20....., by the deponent who acknowledged that he/she:

- 1. Knows and understood the contents hereof;
- 2. Has no objection to taking the prescribed oath or affirmation; and
- 3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS

Name:

Address:

Capacity:

SCHEDULE 2.3**SIMPLIFIED TYPE APPROVAL APPLICATION FOR RADIO (RF)
EQUIPMENT AND TELECOMMUNICATION TERMINAL EQUIPMENT (TTE)
FOR USE IN SOUTH AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen and fill all the mandatory fields as denoted by asterisk *

***1. Name and address of Company within the borders of the RSA in whose name the Type Approval Certificate must be issued:**

Name of Company: _____

Company Registration Number: _____

Vat Number: _____

Physical Address: _____

Code _____

Postal address: _____

Code: _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No.: (_____) _____ Fax No.: _____

Cell No.: _____

***2. Name and address of any other person or organisation acting on behalf of the applicant:**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***3. Name and address of the person responsible for payment of the Type Approval fees:**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***4. Name and address of original equipment manufacturer:**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Email Address: _____

Website: _____

Telephone No.: _____ Fax No.: _____

***5. Equipment description: _____**

If the equipment was prior- approved by the Authority, please provide the following information:

Type Approval Number: _____

Date of the pre-approved Equipment: _____

Model / Brand Name: _____

5.1 Name of Equipment: _____

5.2. Equipment Category (Please indicate appropriate description of your equipment)

Category 1: Radio Frequency Equipment (RF Equipment)									
GSM / IMT-2000	<input type="checkbox"/>	WiMax	<input type="checkbox"/>	TETRA	<input type="checkbox"/>	DECT	<input type="checkbox"/>	Satellite	<input type="checkbox"/>
Two-way radio transceiver	<input type="checkbox"/>	Point-to-multipoint link	<input type="checkbox"/>	Point-to-point link	<input type="checkbox"/>	Receiver only	<input type="checkbox"/>	Repeater	<input type="checkbox"/>
WLAN	<input type="checkbox"/>	RFID	<input type="checkbox"/>	LTE	<input type="checkbox"/>	SRD	<input type="checkbox"/>	Model control	<input type="checkbox"/>
Wideband wireless systems	<input type="checkbox"/>	Wireless audio systems	<input type="checkbox"/>	Wireless microphones	<input type="checkbox"/>	Paging systems	<input type="checkbox"/>	Broadcast	<input type="checkbox"/>
Inductive loop system	<input type="checkbox"/>	Smart Metering	<input type="checkbox"/>	Telecontrol, Telemetering	<input type="checkbox"/>	Monitoring equipment	<input type="checkbox"/>	Measuring equipment	<input type="checkbox"/>
Passive component	<input type="checkbox"/>	Amplifiers	<input type="checkbox"/>		<input type="checkbox"/>	Infrared	<input type="checkbox"/>	LPVS	<input type="checkbox"/>
AVI	<input type="checkbox"/>	RTTT	<input type="checkbox"/>	FDDA	<input type="checkbox"/>	Other describe _____			<input type="checkbox"/>
Category 2: Telecommunications Terminal Equipment (TTE)									
Transmission Systems	<input type="checkbox"/>	DECT	<input type="checkbox"/>	E1	<input type="checkbox"/>	Soft switch			<input type="checkbox"/>
Switching and Signalling Systems	<input type="checkbox"/>	ISDN BRI		VOIP Systems	<input type="checkbox"/>	International Gateway			<input type="checkbox"/>
Telephone Networks	<input type="checkbox"/>	ISDN PRI	<input type="checkbox"/>	Measuring Equipments	<input type="checkbox"/>	Copper Transmission			<input type="checkbox"/>
Data Communication Networks	<input type="checkbox"/>	ADSL	<input type="checkbox"/>	Lines, connections and circuits	<input type="checkbox"/>	DVB			<input type="checkbox"/>
Powerline Telecommunication	<input type="checkbox"/>	PSTN Legacy	<input type="checkbox"/>	Fibre Optics	<input type="checkbox"/>	Audio-Visual Systems			<input type="checkbox"/>
Telex, teletext, telefax	<input type="checkbox"/>	Telephone equipment	<input type="checkbox"/>	Copper	<input type="checkbox"/>	Other Describe _____			<input type="checkbox"/>

5.3 Details of equipment marketed in South Africa (If different from original manufacturing equipment):

5.3.1 Equipment Type _____

5.3.2 Model: _____

6. Modifications (if any) to rectify non-compliance. (Attach additional sheets if required)

***7. For ICASA inspections please indicate where modifications (if any) and maintenance work on this equipment will be carried out.**

Company: _____

Address: _____

 _____ **Code:** _____

Telephone No: _____ **Fax No:** _____

Contact Person: _____

***8. Person(s) to whom technical enquiries may be directed.**

(i). Name: _____ **Telephone No:** _____

(ii). Other: _____

9. Type Approval fee:

9.1 The prescribed Type Approval fee must be paid into ICASA's banking account only after the invoice has been generated by the ICASA's Finance Department.

ICASA's banking details are as follows:

Type of Account:	Deposit Account
Account Number:	1462002927
Branch Code:	146245
Bank:	Nedbank
Swift Address:	NEDSZAJJ
Reference:	Document Number (from the invoice)

Bank Address is as follows:

**Nedcor Limited
135 Rivonia Road
Sandton
South Africa
2196**

10. Labels

10.1 Please indicate the number of prescribed labels to be issued with this Type Approval application:

TYPE	QUANTITY
SMALL LABELS	

Note: The cost of labels is additional to the Type Approval fee.

***11. Type of application (Please tick the correct one).**

New Application Untested variant Tested variant Badge Engineering

***12. Submission of Application forms:**

12.1 Postal address:

The completed application form and required information must be submitted to:

**The Manager
Type Approval & Licensing Unit
Independent Communications Authority of South Africa (ICASA)
Private Bag X10002
SANDTON, 2196
South Africa**

12.2 Physical address:

Completed application documentation may also be delivered by hand to:

**ICASA Head Office
Pin Mill Farm, Block B
164 Katherine Street
SANDTON 2196
South Africa**

12.3 Submitted electronically to: TALApplication@icasa.org.za.

***13. UNDERTAKING BY APPLICANT:**

13.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects reasonably required for testing, inspection and/or evaluation purposes.

13.2 I/We undertake that all equipment supplied, subsequent to the issue of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

13.3 I/We accept that the type approval of the aforementioned system is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the supplementary conditions imposed by ICASA from time to time.

13.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

I certify that this declaration was signed and sworn to before me at on the.....day of.....20....., by the deponent who acknowledged that he/she:

- 1. Knows and understood the contents hereof;
- 2. Has no objection to taking the prescribed oath or affirmation; and
- 3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS
 Name:
 Address:
 Capacity:

SCHEDULE 2.4**PROVISIONAL TYPE APPROVAL APPLICATION FORM FOR USE IN SOUTH AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen and fill all the mandatory fields as denoted by asterisk*

***1. Name and address of Company within the borders of the RSA in whose name the Provisional Type Approval must be granted:**

Name of Company: _____

Company Registration Number: _____

Vat Number: _____

Physical Address: _____

_____ **Code** _____

Postal address: _____

_____ **Code:** _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No.: (_____) _____ **Fax No.:** _____

Cell No.: _____

*2. Fill in the table below:

Original Equipment Manufacturer	Equipment Type	Brand name or Make	Model of the Equipment	Serial Number or Unique Number of the Equipment

(If this space the table provided above is insufficient, please attach a separate list)

2.1 Purpose of importing the Equipment: _____

2.2 Number of units to be tested: _____

2.3 Details of the proposed recipients of the units: _____

2.4 Duration of the test/evaluation: _____

2.5 Geographic footprint: _____

3. Submission of Application forms:**3.1 Postal address:**

The completed application form and support documentation must be submitted to:

The Manager
Type Approval & Licensing Unit
Independent Communications Authority of South Africa (ICASA)
Private Bag X10002
SANDTON, 2196
South Africa

3.2 Physical address:

Completed application documentation may also be delivered by hand to:

ICASA Head Office
Pin Mill Farm, Block A
164 Katherine Street
SANDTON 2196
South Africa

3.3 Submitted electronically to: TALApplications@icasa.org.za**4. GENERAL CONDITIONS:**

The provisional type approval is granted by the Authority without being subjected to the Type Approval process and it is valid for a period of six (6) months.

***5. UNDERTAKING BY APPLICANT:**

5.1 I/We undertake that all equipment on the list attached, are imported or used for the purpose of testing and evaluation / demonstrations in terms of regulation (9) of the Type Approval Regulations.

5.2 I/We accept that the provisional type approval of the aforementioned system / equipment is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the conditions imposed by ICASA from time to time.

5.3 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

I certify that this declaration was signed and sworn to before me at on the.....day of.....20....., by the deponent who acknowledged that he/she:

- 1. Knows and understood the contents hereof;
- 2. Has no objection to taking the prescribed oath or affirmation; and
- 3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS

Name:

Address:

Capacity:

SCHEDULE 2.5**SUPPLIER REGISTRATION FORM**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen to complete all the fields.

1. Name and address of company within the borders of the RSA in whose name the registration will be captured:

Name of company: _____

Company Registration Number: _____

Physical Address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No: (____) _____

Fax No: (____) _____

Cell No.: _____

2. The applicant must submit certified copy of the company registration certificate together with the complete registration form.
3. Registration shall only be afforded to South African residents or South African registered entities.

4. Type of equipment to be supplied (e.g. Telephone, 3G Modem, etc.):

4.1 Equipment description:

- i. _____
- ii. _____
- iii. _____

(If this space is insufficient, please attach a separate list)

5. GENERAL CONDITIONS:

- 5.1 Should the details provide in clause 1 above change, the applicant must furnish the latest updated information to the Authority in terms of regulation (5) of the Type Approval Regulations?
- 5.2 The registered supplier shall further take note of and adhere to the Type Approval Regulations as published from time to time in the Government Gazette.

6. UNDERTAKING BY APPLICANT:

6.1 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

I certify that this declaration was signed and sworn to before me at
..... on the.....day
of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS

Name:

Address:

Capacity:

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Publications: Tel: (012) 334-4508, 334-4509, 334-4510
Advertisements: Tel: (012) 334-4673, 334-4674, 334-4504
Subscriptions: Tel: (012) 334-4735, 334-4736, 334-4737
Cape Town Branch: Tel: (021) 465-7531

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