



Official use only

Independent Communications Authority of South Africa

Visit www.icasa.org.za 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

Temporary/Test Licence Date

Transfer From To

New Radio Communication Service New Radio Type Approval

Radio Communication Service Modification Modify Type Approval

Existing Licence No.

Type Of Service

- Aeronautical
- Alarms
- Amateur Radio
- Cellular
- Citizen Band
- Civil Defence Force
- Communal Repeater
- Demonstration
- Experimental
- Link above 1000 MHz
- Link below 1000 MHz
- Maritime
- Load Shedding
- Message Handling
- Paging
- Private
- Private Repeater
- Satellite
- Short Range Business Portable
- Ski-Boat
- Special
- Telemetry
- Trunking
- Radio Suppliers/Technicians
- Vehicle Tracking
- Very Short Range Band
- Wan

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Recommended

Approved Signature _____

Not Approved

Pending Signature _____

Waiting List Date _____

Officer

Date

Notes

Other

Specify

SECTION 2: CLIENT FORM

Passport No.

NATIONALITY	BIRTH DATE	BIRTH PLACE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you (mark where applicable)

Supply

Supply/Install

Supply/Install/Repair

Two way Radio Communication Equipment?

CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE FURNISHED IF APPLYING FOR EXCLUSIVE FREQUENCIES:

1. THE COMPANY'S REGISTRATION CERTIFICATE
2. IN THE CASE OF AN ASSOCIATION, THE CONSTITUTION OF THE ASSOCIATION

Official Use

01. Letter of authorization in respect of the transfer of existing frequencies and copy of licence attached.
02. Printout of account particulars
03. Map indicating the exact area of Operations
04. List of licences with existing Repeater Systems in proposed area of operation who have been approached in order to obtain frequencies.
05. Number of units as specified in the Act correct.
06. All documents signed and correctly completed
07. Business Plan attached.
08. Existing System.
09. Register to indicate that existing system is fully utilized (i.e 10 clients; 100 stations)
10. Existing System Paid/Not paid.
11. Spectrum Contention

Yes

No

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.....
Name and Signature

.....
Name and Signature

.....
Date

COMMENTS FROM SPECTRUM MANAGEMENT

COMMENTS FROM SPECTRUM LICENSING

SECTION 3: CLIENT INFORMATION

Company

Trading Name

Department

Registration No.

Vat No.

Title

Initials

Surname

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

Tel. (B)

Area Code

Tel. (H)

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)

Next of kin: (If applicant is a private person furnish name and address of next of kin not living with you)

Title Initials Surname

ID No. Relationship

Area Code Tel. (B) Area Code Tel. (H)

Area Code Fax No. Cell.

Residential Address

Postal Code

Postal Address

Postal Code

Note that should the applicant be under the age of 18 the following should be completed

Details of Guardian

Title Initials Surname

ID No. Relationship

Area Code Tel. (B) Area Code Tel. (H)

Area Code Fax No. Cell.

Residential Address

Postal Code

Postal Address

Postal Code

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 amended from time to time.

SURNAME IN CAPITAL LETTERS

Capacity

Signature

Date