**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**](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 or company responsible for payment of the Type**

**Approval fees:**

**Name:**

**Address:**

 **Code:**

**Contact Person:**

**Email address:**

**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 previously approved by the Authority, please provide the following information:**

**Type Approval Number:**

**Date of the Equipment approval:**

**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 |  | WiMax |  | TETRA  | DECT  | Satellite |  |
| Two-way radio transceiver |  | Point-to- multipoint link |  | Point-to-point link |  | Receiver only |  | Repeater |  |
| RLAN(WLAN) |  | RFID |  | LTE |  | SRD |  | Model control |  |
| Wideband wireless systems |  | Wireless audio systems |  | Wireless microphones |  | Paging systems |  | Broadcast |  |
| Inductive loop system |  | Smart Metering |  | Telecontrol, Telemetering |  | Monitoring equipment |  | Measuring equipment |  |
| Passive component |  | Amplifiers |  | LPVS |  | AVI |  | RTTT |  |
| FDDA |  | Otherdescribe  |  |
| **Category 2: Telecommunications Terminal Equipment (TTE)** |
| TransmissionSystems |  | DECT |  | E1 |  | Soft switch |  |  |  |
| Switching andSignalling Systems |  | ISDN BRI |  | VOIP Systems |  | International Gateway |  |
| TelephoneNetworks |  | ISDN PRI |  | MeasuringEquipments |  | Copper Transmission |  |
| DataCommunicationNetworks |  | ADSL |  | Lines, connectionsand circuits |  | DVB |  |  |  |
| PowerlineTelecommunication |  | PSTN Legacy |  | Fibre Optics |  | Audio-Visual Systems |  |
| Telex, teletext, telefax |  | Telephone equipment |  | Copper |  | OtherDescribe  |  |

**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 and**

**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**

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

**10.1. Please indicate the type of label that will be used on the equipment:**

 E-label

 Printed label

**10.2. If Printed label is indicated in 10.1, please indicate where the labels will be obtained:**

 Order from ICASA (indicate quantity in 10.3.)

 Self-print (complete details in 10.4)

**10.3. Please indicate the number of prescribed labels to be issued with this Type**

**Approval application:**

|  |  |
| --- | --- |
| **TYPE** | **QUANTITY** |
| **SMALL LABELS** |  |

**10.4. If Self-print is indicated in 10.2., please fill in the details of the printing company**

**Company Name:**

**Company Registration Number:**

**Physical Address:**

 **Code:**

**Website:**

**Contact Person:**

**Email Address:**

**Telephone No:**

**Fax No:**

**\*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**

The Manager

Type Approval & Numbering Unit

Independent Communications Authority of South Africa (ICASA) Private Bag X10

Highveld Park, 0169

South Africa

**12.2 Physical address:**

**Completed application documentation may also be delivered by hand to:**

**ICASA Head Office**

**Eco Point Office Park, Block B**

**350 Witch-Hazel Avenue, Eco Point Office Park**

**Eco Park, Centurion**

**South Africa**

**12.3 Submitted electronically to:** **TALApplications****@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:

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