**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**](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:**

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**Website:**

**Contact Person:**

**Email address:**

**Telephone No.:**

**Fax No.:**

**Cell No.:**

**\*3. Name and address of the person or company responsible for the 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:**

**Website:**

**Contact Person:**

**Email address:**

**Telephone No.:**

**Fax No.:**

**Cell No.:**

**\*5. Telecommunication Terminal Equipment description:**

**5.1 Original equipment details:**

**5.1.1 Brand Name:**

**5.1.2 Model:**

**5.2 Name and model number under which the equipment will be marketed in South**

**Africa:**

**5.2.1 Brand Name:**

**5.2.2 Model:**

**\*6. Modifications (if any) to rectify non compliance, as indicated in the test reports. (Attach additional sheets if required)**

**\*7. 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.:**

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

**Name:**

**Website:**

**Contact Person:**

**Email address:**

**Telephone No.:**

**Fax No.:**

**Cell No.:**

**\*9. Equipment Type (Category):**

**Description:**

**Model:**

|  |  |  |  |
| --- | --- | --- | --- |
| TransmissionSystems | DECT | E1 | Soft Switch |
| Switching and Signaling Systems | ISDN BRI | VOIP Systems | InternationalGateway |
| TelephoneNetworks | ISDN PRI | MeasuringEquipment’s | CopperTransmission |
| Data Communication Networks | ADSL | Lines, connections and circuits | DVB |
| Powerline Telecommunicati on | PSTN Legacy | Fibre optic | Audio-VisualSystems |
| Telex,teletext, telefax | TelephoneEquipment | Copper | Other please describe: |
|  |  |  |  |

**10. Supporting documentation**

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

**10.1 Technical, physical, operational, installation and user information.**

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

**10.3 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).**

**10.4 A functional block diagram including digital photographs.**

**11. Labels**

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

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

 E-label

 Printed label

**11.2. If Printed label is indicated in 11.1, please indicate where the labels will be obtained:**

 Order from ICASA (indicate quantity in 11.3.)

 Self-print (complete details in 11.4)

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

**Approval application:**

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

**11.4. If Self-print is indicated in 11.2., 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:**

**12. Application fees:**

**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**

**13. Submission of Applications**

**13.1 Postal address:**

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

**Type Approval & Numbering Unit**

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

**Highveld Park, 0169**

**South Africa**

**13.2 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**

**13.3 Submitted electronically to:** **TALApplications@icasa.org.za.**

**\*14. UNDERTAKING BY APPLICANT:**

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

14.2 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.

14.3 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.

14.4 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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