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## APPLICATION FOR AMATEUR RADIO LICENCE

Name:		
Postal address:		
Physical address:		
- el:	Fax: _	
Email address:		
2. CONTACT PERSON:		
Name:		
Designation:		
Email address:		
Tel:	Cell:	Fax:

## 3. GENERAL INSTRUCTIONS

- (a) Amateur radio Licence shall only be issued to organisations/individuals registered or resident in Eswatini and must be accompanied by all supporting registration/identification certificates/documents.
- (b) This application form must be completed for both new and renewal applications for Amateur Radio License.
- (c) The proposed radio equipment must be type-approved by the Commission. Failure to acquired or provide proof of type-approval may render your application unacceptable.
- (d) Complete the questions in block letters TYPED, and where not applicable insert N/A. If this form does not cover any detail of your proposed system, please attach a separate piece of paper detailing your equipment.
- (e) The completed application form should be returned with the relevant supporting documentation to the Eswatini Communications Commission.
- (f) Award of the Amateur Radio License is subject to payment of license application fee and annual license fee that the Commission shall prescribe in the spectrum fee schedule.

## 4. SERVICE DETAILS

Give full description of what the Amateur radio system will be used for:						
Please indicate (Tick ✓) the category of license being applied for:						
Basic General Advanced Extra Residents/Visitors						
Club Station Repeater Station Beacon Station						
Station Details						
Station Name: Station Location:						
Latitude (deg): Elevation:						
Operation Date: Preferred Call Sign:						
Equipment Details						
Make: Model:						
Type Approval No: Serial No:						
Antenna Type: Power to Antenna:						
Antenna Type Power to Antenna						
Emission Class:						

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- 1. To the best of my/our knowledge the above-mentioned information given in this application form is true and correct.
- 2. The Amateur Radio Station(s) stated in this application form will be used only for the purpose specified in this application.

	SIGNATURE OF APPLICANT / AGENT:
	NAME OF SIGNATORY:
	DESIGNATION:
Applicant's Photo	DATE: