



**ESWATINI COMMUNICATIONS COMMISSION**

**TYPE APPROVAL APPLICATION FORM FOR  
COMMUNICATIONS EQUIPMENT**

## Application Type

New Application

License Modification

License No.....

### 1. Manufacturer:

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Address, Tel, Email of Manufacturer:

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### 2. Applicant Name:

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Address, Tel, Email of Applicant:

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### 3. DETAILS OF EQUIPMENT

EQUIPMENT CATEGORY			
1. CATEGORY A: RADIO FREQUENCY EQUIPMENT (RF)			
<input type="checkbox"/>	GSM/IMT	<input type="checkbox"/>	WiMax
<input type="checkbox"/>	TETRA	<input type="checkbox"/>	DECT
<input type="checkbox"/>	TWO-WAY RADIO TRANSCEIVER	<input type="checkbox"/>	POINT-TO-MULTIPOINT LINK
<input type="checkbox"/>	RECEIVER ONLY	<input type="checkbox"/>	REPEATER
<input type="checkbox"/>	RFID	<input type="checkbox"/>	LTE
<input type="checkbox"/>	MODEL CONTROL	<input type="checkbox"/>	WIDEBAND WIRELESS SYSTEMS
<input type="checkbox"/>	WIRELESS MICROPHONES	<input type="checkbox"/>	PAGING SYSTEMS
<input type="checkbox"/>	INDUCTIVE LOOP SYSTEM	<input type="checkbox"/>	SMART METERING
<input type="checkbox"/>	MONITORING EQUIPMENT	<input type="checkbox"/>	MEASURING EQUIPMENT
<input type="checkbox"/>	AMPLIFIERS	<input type="checkbox"/>	LPVS
<input type="checkbox"/>	RTTT	<input type="checkbox"/>	FDDA
		<input type="checkbox"/>	PRIVATE MOBILE RADIO
		<input type="checkbox"/>	SATELLITE
		<input type="checkbox"/>	POINT-TO-POINT LINK
		<input type="checkbox"/>	RLAN/WLAN
		<input type="checkbox"/>	SRD
		<input type="checkbox"/>	WIRELESS AUDIO SYSTEMS
		<input type="checkbox"/>	BROADCAST
		<input type="checkbox"/>	TELECONTROL, TELEMETERING
		<input type="checkbox"/>	PASSIVE COMPONENT
		<input type="checkbox"/>	AVI
		<input type="checkbox"/>	OTHER(Specify)_____

## EQUIPMENT CATEGORY

### 2. CATEGORY B : TELECOMMUNICATIONS TERMINAL EQUIPMENT

<input type="checkbox"/>	TRANSMISSION SYSTEMS	<input type="checkbox"/>	DECT	<input type="checkbox"/>	E1
<input type="checkbox"/>	SOFT SWITCH	<input type="checkbox"/>	ISDN BRI	<input type="checkbox"/>	VOIP SYSTEMS
<input type="checkbox"/>	INTERNATIONAL GATEWAY	<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, CIRCUITS	<input type="checkbox"/>	DVB	<input type="checkbox"/>	POWERLINE TELECOMMS
<input type="checkbox"/>	PSTN LEGACY	<input type="checkbox"/>	FIBRE OPTICS	<input type="checkbox"/>	AUDIO-VISUAL SYSTEMS
<input type="checkbox"/>	TELEX, TELEFAX, TELETEXT	<input type="checkbox"/>	TELEPHONE EQUIPMENT	<input type="checkbox"/>	COPPER
<input type="checkbox"/>	OTHER(Specify)_____				

### 3. INTENDED USE

	STAND ALONE	
	DUAL INTERFACE EQUIPMENT (RF and TELECOM)	
	PLUG-IN CARD	
	MODULAR	
	OTHER	

### 4. TYPE APPROVAL CATEGORY

	INDIVIDUAL USE	
	MARKETING	

### 5. DESCRIPTION

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### 6. BRAND NAME

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### 7. MODEL

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### 8. MODULATION(eg AM,FM,QPSK,OFDM)

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<b>9. ITU EMISSION DESIGNATOR</b>	
<b>10. FREQUENCY RANGE</b>	
<b>11. OUTPUT POWER</b>	
<b>12. BANDWIDTH</b>	
<b>13. CHANNEL SPACING</b>	
<b>14. NUMBER OF CHANNELS</b>	
<b>15. ANTENNA TYPE</b>	<input type="checkbox"/> Integral : _____ <input type="checkbox"/> External: _____
<b>16. ANTENNA GAIN</b>	
<b>17. EQUIPMENT LICENCE REQUIREMENT</b>	<input type="checkbox"/> Required <input type="checkbox"/> Not required

<b>18. TECHNICAL TEST</b>	<b>TEST STANDARD COMPLIANT WITH</b>	<b>NAME OF TESTING LABORATORY</b>	<b>TEST REPORT No. AND CONTACT DETAILS</b>
<b>EMC</b>			
<b>RADIO</b>			
<b>HEALTH and SAFETY</b>			
<b>TECHNOLOGY SPECIFIC</b>			
<b>19. ATTACH SCCOM's LETTER OF FREQUENCY ASSIGNMENT IF WIRELESS EQUIPMENT IS INTENDED FOR INDIVIDUAL USE.</b>			

4. **ATTACH:**

- i) Detailed technical specification of equipment -technical information of equipment, physical (architecture, device layout, and circuit layout), operational information, installation procedure and user information (manual).
- ii) Technical test reports confirming compliance with relevant standards.
- iii) Certificate of Conformance.
- iv) ICASA certificate of approval. It is not necessarily a requirement but it helps in speeding up the application process.

Certificate issued under section 40 of the electronic communications Act, 2013.

**CONDITIONS FOR RADIO-EQUIPMENT TYPE APPROVAL CERTIFICATION**

- A test report is only valid if, it was prepared for the equipment for which type approval is being applied for, no modifications have been made to equipment following completion of test report, has been issued by an authorised test laboratory, submitted in full as well cannot be modified by applicant and not older than 5 years.
- The Commission will not return any samples of equipment and associated literature submitted for the purpose of type approval or acceptance to the applicant.
- The commission may, where it deems it necessary, request the applicant to submit additional supporting documents.
- The commission shall carry out technical evaluation of equipment by document examination, where applicable laboratory testing of equipment sample, and in accordance with the procedures for type approval and acceptance of communication equipment in Swaziland to be published from time to time.
- Where the commission requires clarification on details of the equipment submitted for type approval/acceptance, applicant will be notified and required to respond adequately within the time specified.
- Failure to respond within two months from Commission’s request on clarifications will result in application being rejected.
- Application will be evaluated and decision communicated to applicant within six days from receipt of application.
- Type approval shall be granted if it is in the public interest and that it will not cause any harmful interference as well be a risk to human health or environment.
- Application will be processed and certificate issued after proof of payment of prescribed type approval fee.

**Date of Application:**

Day: ..... Month: ..... Year: .....

**Signature of Applicant:** .....

