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APPLICATION FOR POINT TO POINT FIXED LINKS LICENCE

1. APPLICANT:	
Name:	
Postal address:	
Physical address:	
Tel:	Fax:
Email address:	
2. CONTACT PERSON:	
Name:	
Designation:	
Email address:	
Tel:Cell:_	Fax:

3. GENERAL INSTRUCTIONS

- (a) Point to Point Fixed Link Licence will only be issued to companies/organisations registered in Eswatini, owning or intending to install fixed wireless link within the territory of Eswatini. Proof of company registration must be attached to this application.
- (b) The application form must be completed for new and renewal applications for fixed wireless links.
- (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 all questions in block letters, and where not applicable insert N/A. Further critical details on the equipment and/or system should be attached on a separate sheet of paper if enough space has not been provided in the form.
- (e) Assistance may be sought from your radio dealer in completing the questions on the technical aspects of the radio systems.
- (f) The completed application form should be returned with all the relevant supporting documentation to the Eswatini Communications Commission.
- (g) Award of the Point to Point Fixed Link 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 (NB: PLEASE FILL THIS SECTION FOR EACH AND EVERY PROPOSED LINK)

Give full description of what the radio system will be used for:					
Please indicate which	h frequency band you	prefer.			
1.4 GHz	2GHz	5GHz	Lower 6GHz	Upper 60	GH _Z
Lower 7GHz	Upper 7GHz	8GHz	11GHz	13GHz	15 GHz
18GHz	23GHz	26GHz	28GHz	32GHz	38GHz
18GHZ	23GHZ	ZOGHZ	26GHZ	32GHZ	36GHZ
TA					
If appropriate, pleas	se specify the tuning ra	ange of the equipment.			
Lower Frequency:		Upper Frequency:			
Please (Tick ✔) indi	cate the preferred pola	arization:			
Vertical	Horizontal	Co-Channel (dual)			
Please state the estir	nated length of your p	ath:			
	Km				
Link Details:					
Is this a one-way link	? YES	NO 🗍			
15 tills a Olic-way IIIIN	. 113				

	SITE A	SITE B
Site Name:		
Coordinates: Lat	(°): Long (°):	Lat (°): Long (°):
Elevation:		
Equipment Details:		
Make:		,
Model:		
Type Approval Number:		
Equipment Serial No:		
Tx Freq (MHz):		
Rx Freq (MHz):		
Output Power (W):		
Total Pre-set Channels:		,
Bandwidth (kHz):		
Tx Channel Separation (MH	[z):	
Rx Sensitivity (dBm):		
Rx Selectivity (dB):		
Tx Emission Class:		
Rx Emission Class:		
Modulation Type:		
Antenna Height AGL:		
Indicate Transmit High or L	ow:	
Antenna Make:		
Antenna Model:		
Antenna Polarization:		
Type Approval Code:		
Directivity:		

Beam-width Horizontal (deg.):	
Beam-width Vertical (deg.):	
Antenna Type:	
Antenna Max Gain (dB):	
Feeder Loss dB:	
Any other Loss:	

5. DECLARATION: I / We declare that:

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

	SIGNATURE OF APPLICANT / AGENT:
	NAME OF SIGNATORY:
	DESIGNATION:
	DATE:
Applicant/organization/ Agent's Stamp	