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APPLICATION FOR PRIVATE MOBILE RADIO NETWORK 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) Private Mobile Radio System Licence will only be issued to companies/organisations registered in Eswatini and must be accompanied with Business / Organization Registration certificates/documents.
- (b) The application form must be completed for new service.
- (c) The proposed radio equipment must be type-approved by the Commission. The make and type of the radio equipment filled in must be exactly the same as those stated in the Certificate of Type Approval granted to that radio equipment. Any difference, even a difference in the prefix or suffix could mean that the radio equipment is not of an approved type and your application will not be accepted.
- (d) Complete the questions in block letters, when not applicable, insert N/A. If this form does not cover any detail of your proposed system, please attach a separate letter detailing your requirements.
- (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 the relevant supporting documentation to the Eswatini Communications Commission.
- (g) Award of the Private Radio communications license is subject to payment of license application fee and annual license fee.

4. SERVICE DETAILS

Give full description of what the radio system will be used for:

.....
.....
.....

Please indicate the lower and upper frequencies to be used in your Radio system.

VHF – Lower Freq (MHz): Upper Freq (MHz):

UHF – Lower Freq (MHz): Upper Freq (MHz):

Please (Tick ✓) indicate the channel bandwidth:

6.25kHz 12.5kHz 25kHz Other

Please Indicate the Method of operation:

Simplex Two-Frequency Simplex Duplex

Please give the proposed number of mobile stations and repeaters to be used initially:

No. of Mobile Transceivers installed on vehicles:

No. of Portable Transceivers:

No. of Base Transceiver stations:

No. of Repeater Stations:

5. EQUIPMENT DETAILS

(NB: All relevant details are to be entered for every base, repeater and portable transceiver to be used. Multiple copies of this section may be produced to allow for the entering of multiple equipment details)

Please (Tick ✓) indicate what type of equipment you are entering details for;

Base station

Repeater

Portable

Mobile

Site Details (Base and Repeater stations):

Station Name: Station Location:

Latitude (deg): Longitude (deg): Elevation:

Height A.G.L (m): Coverage Area (radius): Km.

Equipment Details:

Make: Model:

Type Approval Number: Call Sign:

Equipment Serial Number:

Tx Freq (MHz): Rx Freq (MHz):

Output Power (W): Total Pre-set Channels:

Bandwidth (kHz): Tx Channel Separation (MHz):

Rx Sensitivity (dBm): Rx Selectivity (dB):

Tx Emission Class: Rx Emission Class:

Modulation Type:

Antenna Details:

Make: Model:

Antenna Type: Type Approval Number:

Antenna Gain (dB): Antenna Polarization:

Beam width V (deg): Beam width H (deg):

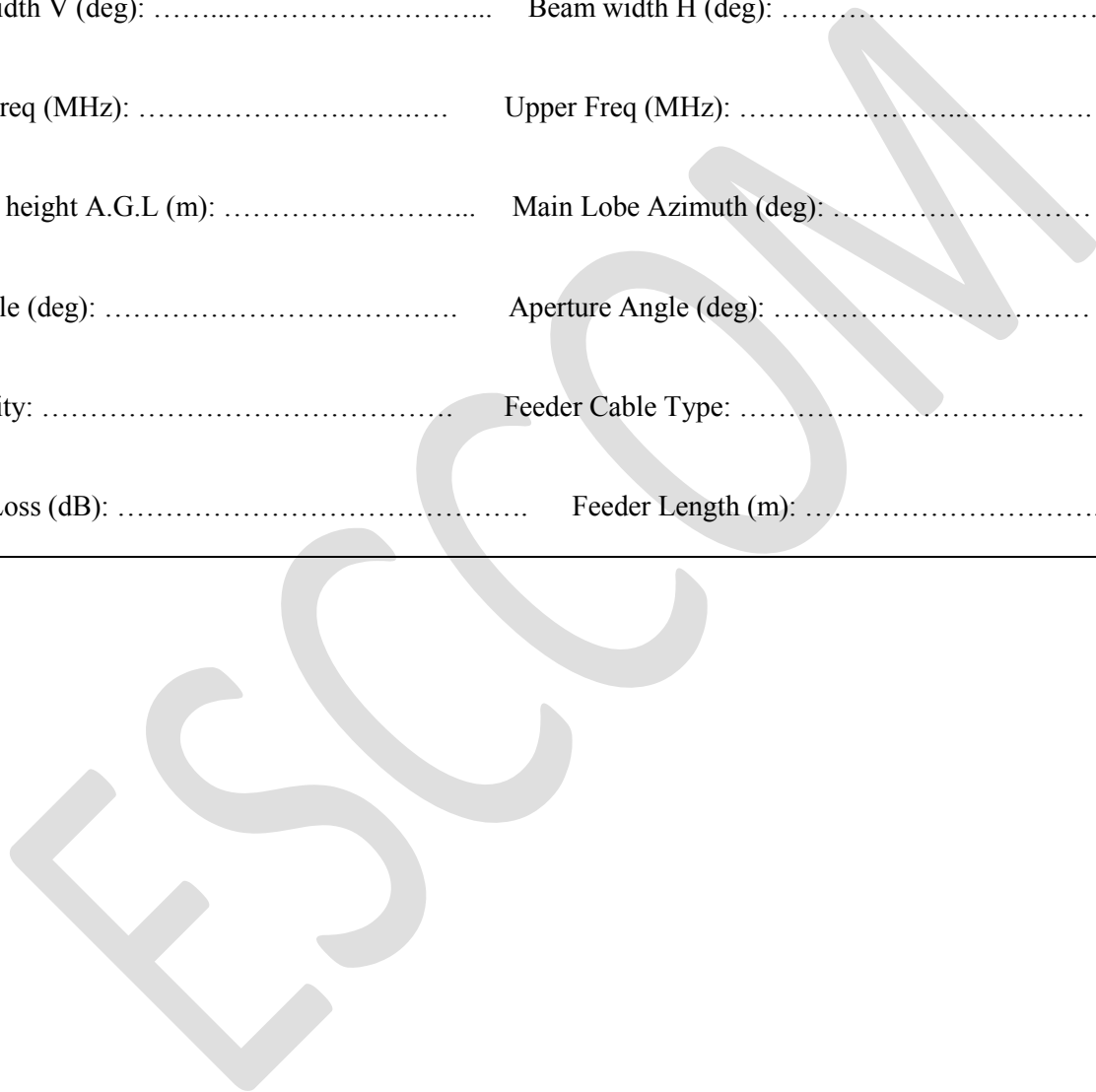
Lower Freq (MHz): Upper Freq (MHz):

Antenna height A.G.L (m): Main Lobe Azimuth (deg):

Tilt Angle (deg): Aperture Angle (deg):

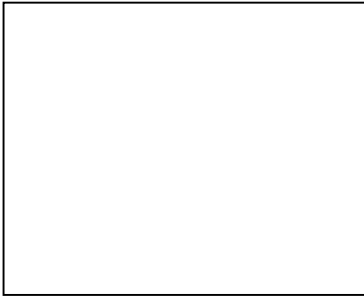
Directivity: Feeder Cable Type:

Feeder Loss (dB): Feeder Length (m):



6. 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 Radio Communication Stations stated in this application form will be used only for the purpose in the application.



Applicant/organization/
Agent's Stamp

SIGNATURE OF APPLICANT / AGENT: _____

NAME OF SIGNATORY: _____

DESIGNATION: _____

DATE: _____

ESCCOM