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APPLICATION FOR RENEWAL OF AERONAUTICAL GROUND STATION 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) Aeronautical Ground Station Licence shall only be issued to institutions owning and operating aeronautical systems used for communication, surveillance and navigation purposes. (b) This application form must be completed for both new and renewal applications for Aeronaut Ground Station Licences. (c) All equipment used in Ground Stations must be type-approved by the Commission prior to subtoon of this application. Failure to acquired or provide proof of type-approval may render your applicately. (d) Complete all questions in block letters, and where not applicable insert N/A. Further critical do on the equipment and/or system should be attached on a separate sheet of paper if enough span not been provided in the form. (e) The completed application form should be returned with all the relevant supporting document to the Eswatini Communications Commission. (f) Award of the Aeronautical Ground Station Licence is subject to payment of a license application and annual license fee that the Commission shall prescribe in the spectrum fee schedule. 	ical mission lication letails ice has tation

4. SERVICE DETAILS

Existing License Number:		
Do you wish to make amendments to existing license?	YES	NO
If yes, describe the amendments that you wish to make. (e.g.	new frequency, move of	station,)
Do you wish to add new Equipment to the existing license?	YES	NO
If yes, continue to section 5.		
If you answered NO to all the above, continue to section 6.		

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5. EQUIPMENT DETAILS

(NB: All relevant details are to be entered for every transmitter, receiver or transceiver within each system. Multiple copies of this section may be produced to allow for the entering of multiple equipment details)				
a. Please kindly state		ll sign of the aerodrom	ne at which station will be located:	
				•••••
b.				
Please (Tick ✓) in	dicate what type o	of system/station you a	are applying for:	
VOR	Localizer	Glide Path	VCCS	
Maker Beacon	DME	Radar		
c. Give full details o	n what the system	will be used for:		
Please (Tick ✓) in	dicate what type o	of equipment you are e	entering details for;	
Transmitter		Receiver	Transceiver	
Site Details:				
Site Name:		. Site Location:	Site Identifier:	
Latitude (deg):		Longitude (deg):	Elevation:	
Height A.G.L (m):				

Equipment Details:
Make: Model:
Type Approval Number: Call Sign:
Equipment Serial Number:
Lower Freq (MHz): Upper 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:
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 Aeronautical Ground Stations stated in this application form will be used only for the purpose specified in the application.

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