



Mbabane Office Park, 4th Floor, North Wing
Mhlambanyatsi Road
P.O. Box 7811, Mbabane, H100
Tel: +268 2406 7000
Email: info@sccom.org.sz
Website: www.sccom.org.sz

APPLICATION FOR RENEWAL OF AMATEUR RADIO LICENCE

1. APPLICANT:

Name: _____

Postal address: _____

Physical address: _____

Tel: _____ Fax: _____

Email address: _____

2. CONTACT PERSON:

Name: _____

Designation: _____

Email address: _____

Tel: _____ Fax: _____

3. GENERAL INSTRUCTIONS

- (a) The renewal of Amateur Radio Licence will only be issued to licensees who have complied with all license conditions and have not been found in violation of any legislation that governs amateur Communications.
- (b) The application form must be completed for renewal of Amateur Radio Service License.
- (c) Complete the questions in block letters TYPED, 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.
- (d) A renewal license may be issued by the Commission subject to payment of an annual license fee prescribed in the schedule of fees found on the ESCCOM website.

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. Change of location, callsign, equipment)

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

IF YOU ANSWERED “NO” TO THE QUESTION ABOVE, PLEASE PROCEED TO SECTION 5, OTHERWISE FILL IN THE REQUIRED DETAILS IN THE FOLLOWING SUBSECTIONS.

Station Details

Station Name: Station Location:

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

Operation Date: Preferred Call Sign:

Equipment Details

Make: Model:

Type Approval No: Serial No:

Antenna Type: Power to Antenna:

Emission Class:

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 Amateur Radio equipment stated in this application form and/or license will be used only for communications as specified in this application and/or license.



Applicant's Photo

SIGNATURE OF APPLICANT / AGENT: _____

NAME OF SIGNATORY: _____

DESIGNATION: _____

DATE: _____

ESCCOM