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## APPLICATION FOR RENEWAL OF PRIVATE RADIO COMMUNICATION 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) Private Mobile Radio license will be issued to Licensees who have complied with the license conditions.
- (b) The application form must be completed for renewal of private mobile radio license.
- (c) Any additional 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) Renewal of license is subject to payment of annual license fee.

**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 a new station to the existing license?      YES       NO

**IF YOU ANSWERED NO TO ALL THE QUESTIONS ABOVE, PLEASE PROCEED TO SECTION 6.**

If yes:

**PLEASE FILL IN THE FOLLOWING SECTIONS WITH THE RELEVANT DETAILS OF ALL THE ADDITIONAL STATIONS.**

**Please indicate the number of station(s) that you wish to add:**

No. of Mobile Transceivers installed on vehicles: .....

No. of Portable Transceivers: .....

No. of Base Transceiver stations: .....

No. of Repeater Stations: .....

**Please indicate the lower and upper frequencies to be used in your additional stations.**

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

## 5. BASE / REPEATER STATION 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): .....

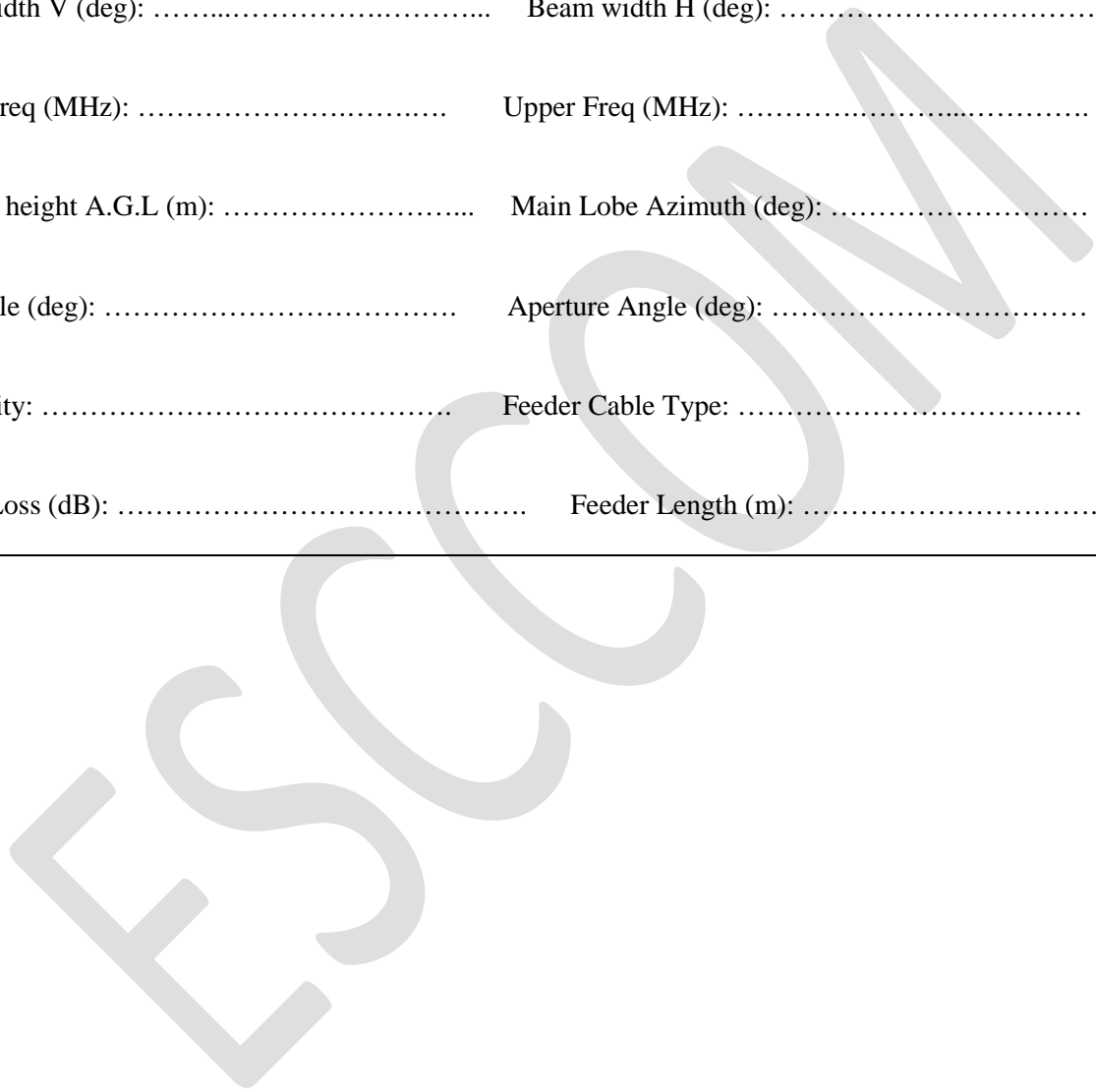
Lower Freq (MHz): ..... Upper Freq (MHz): .....

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

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

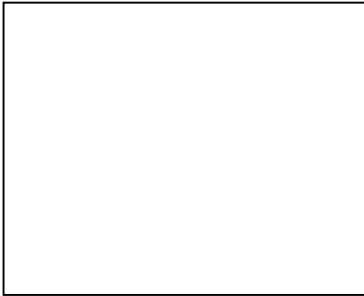
Directivity: ..... Feeder Cable Type: .....

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 Private Mobile Radio stations stated in this application form will be used only for radiocommunications in connection with the business as specified in my/our licence.



Applicant/organization/  
Agent's Stamp

SIGNATURE OF APPLICANT / AGENT: \_\_\_\_\_

NAME OF SIGNATORY: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

DATE: \_\_\_\_\_

ESCCOM