



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 TV BROADCASTING FREQUENCY SPECTRUM 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) TV Broadcasting Frequency Licence will only be issued to companies/organisations who hold a broadcasting service license with the Eswatini Communications Commission.
- (b) This application form must be completed for new applications for TV Broadcasting Frequency Spectrum Licences.
- (c) All equipment used in the TV Broadcasting network must be type-approved by the Commission prior to submission of this application. Failure to acquire 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) The completed application form should be returned with all the relevant supporting documentation to the Eswatini Communications Commission.
- (f) Award of the TV Broadcasting Frequency Spectrum Licence is subject to payment of a license application fee and annual license fee that the Commission shall prescribe in the spectrum fee schedule.

4. SERVICE DETAILS

a.

Give full details on what the radio system will be used for:

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

Please provide the Broadcasting Service License Number:

b.

Please (Tick ✓) indicate the class of broadcasting service that your station falls under:

Commercial Community Public Signal Distribution

c.

Is it a Temporary License? YES NO

If yes, please indicate the duration:

Transmission Start Date: and Transmission End Date:

d.

Please give the proposed:

No. of Transmitters to be deployed:

No. of Channels required:

5. EQUIPMENT DETAILS

(NB: All relevant details are to be entered for every transmitter, receiver or transceiver for each and every site. Multiple copies of this section may be produced to allow for the entering of multiple equipment details)

Please (Tick ✓) indicate what type of station is the information being entered for;

Primary link Station Public Access Tx Repeater site

Please (Tick ✓) indicate what type of equipment you are 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):

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

Carrier output Power (dBW): Effective Radiated power (W).....

Modulation Scheme: RF Bandwidth (kHz):

IF bandwidth at -3dB level: Tx Channel Separation (MHz):

Total Pre-set Channels: Rx Sensitivity (dBm):

Rx Selectivity (dB): Tx Emission Class:

Rx Emission Class:

Antenna Details:

Make: Model:

Antenna Type: Antenna height A.G.L (m):

Antenna Gain (dBi): Antenna Polarization:

Radiation pattern:

a) Omnidirectional: (YES or NO)

b) If not omnidirectional provide the following details:

i) Azimuth of the main lobe

ii) Angular beam width of the main lobe at the 3-dB point

Feeder Cable Type: Attenuation Per Metre:

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 TV Broadcasting equipment and stations stated in this application form will be used only for the purpose specified in the application.



Applicant/organization/
Agent's Stamp

SIGNATURE OF APPLICANT / AGENT: _____

NAME OF SIGNATORY: _____

DESIGNATION: _____

DATE: _____

ESCCOM