

FREQUENCY AUTHORISATION SPECIFICATION FORM

- BROADCASTING -

FOR SECTION 2.3.2 OF THE FREQUENCY AUTHORISATION APPLICATION FORM

PART ONE

Details of Equipment for Radio AM, Radio FM, Community Radio FM and Over the Air Television

(Please attach copies of technical specifications of equipment)

1. Transmit Station

	1	2	3	4
Transmitter Site (Long/Lat)				
Transmit Power (W)				
Band width (MHz)				
Bands to be used				
Radio Make and Model				
TX Low Frequency Limit				
TX High Frequency Limit				
RX Low Frequency Limit				
RX High Frequency Limit				
Ant. Make and Model				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				
Ant. Gain (dBi)				
Polarization				
Ant. height (M)				
Ant. Height ASL (M)				
Ant directivity				

2. Studio to Transmitter Link (STL) and/ Outside Broadcast (OBS)

(Indicate at the top of the columns whether the data refers to a STL or an OBS)

	1	2	3	4
Station Type (STL or OBS)				
Station Name/Location				
Longitude				
Latitude				
Ant. Make and Model				
Ant. EIRP (dBm)				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				
Ant. Gain (dBi)				
Polarization				
Equipment				
Equipment Make and Model				
Equipment TX Low Frequency Limit				
Equipment TX High Frequency Limit				
Equipment RX Low Frequency Limit				
Equipment RX High Frequency Limit				
Station				
Station ERP				
Station TX Power				
Stations Antenna height				
Bandwidth Frequency				
Number of Channels				

PART TWO - Details of Equipment for Subscriber Television

Video Output

Channel Bandwidth	
Channel Configuration	
Minimum signal level at TV input	
Minimum Carrier/Noise	
Visual carrier frequency	
Aural frequency deviation	
Signal to inter-modulation ratio	
Radiation level	
Line amplifier voltage	
Permissible variation of visual carrier level	
(a) Over 24 Hours	
(b) Between two adjacent channels	
(c) Between any two channels	
(d) Frequency response (each channel)	

PART THREE

(Delete the option that does NOT apply)

On behalf of the applicant, I / I declare that the information provided is accurate and complete in all respects.

Signed

Full name of signatory:

Position held:

Date: - _____