

## Application Form for a Class Licence

Under section 33.1 of the Telecommunications Act 2000  
**Commonwealth of Dominica**

Please tick as appropriate:

- Private Telecommunications Network Licence
- Value-Added Services Licence
- Internet Service Provision Licence
- International Simple Voice Resale
  
- Aeronautical Mobile Licence**
- Land Mobile Radio Licence**
- Maritime Mobile Licence**
- Amateur Radio Licence
- Citizen Band Radio Licence

**National Telecommunications Regulatory Commission**  
**2<sup>nd</sup> Floor, 26 King George Vth Street**  
**P.O. Box 649**  
**Roseau**  
**Commonwealth of Dominica**

### Guidance Notes

- [2] copies of the completed application form should be submitted in an envelope clearly marked "Telecommunications Licence Application" addressed to Chairman, National Telecommunications Regulatory Commission, 2<sup>nd</sup> Floor, 26 King George Vth Street, Roseau, Commonwealth of Dominica.
- Please indicate which, if any, information provided by the applicant in this application is confidential.
- Please note that any word, phrase or expression used herein shall have the same meaning as it has in the Telecommunications Act 2000.

**1. PART I -THE APPLICANT**

(Please complete fully in type or block letters)

1.1 Contact Details

1.1.1 Name and business address of applicant

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1.1.2 Designated contact person:

1.1.3 Telephone number

1.1.4 Fax number

1.1.5 E-mail address (if available)

1.2

<ul style="list-style-type: none"><li>• <b>MOVE ON TO SECTION 1.3 FOR THE FOLLOWING:</b> <b>Private Telecommunications Network Licence</b> <b>Value-Added Services Licence</b> <b>Internet Service Provision Licence</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>PLEASE CHECK THE RESPECTIVE SUPPLIMENT FOR THE FOLLOWING LICENCE APPLICATIONS:</b></li></ul>	
<b>Aeronautical Mobile Radio Licence</b> <b>Land Mobile Radio Licence</b> <b>Maritime Mobile Radio Licence</b>	<b>SUPPLIMENT (I)</b>
<b>Amateur Radio Licence</b> <b>Citizen's Band Radio Licence</b>	<b>SUPPLIMENT (II)</b>

1.3 Business Details

1.3.1 If the applicant is a company, partnership or other body please give the name(s) and private address(es) of each of the current directors, company secretary, or partners:

<b>Name</b>	<b>Address</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SUPPLIMENT (I)**

- Aeronautical Mobile Radio Licence
- Land Mobile Radio Licence
- Maritime Mobile Radio Licence

Guidance Notes

- For renewal of licence(s), please attach a copy of the present or existing licence to completed application form.

**1. PART 1 – The Applicant**

(Please complete fully in type or block letters)

**1.1 Other Contact Details**

1.1.1 Licence No:- \_\_\_\_\_

1.1.2 2<sup>nd</sup> Email address: \_\_\_\_\_

1.1.3 Website: \_\_\_\_\_

1.1.4 If the licence is required for a (registered) business

(a) State whether the applicant is a company, partnership, sole proprietorship:

\_\_\_\_\_

(b) Please supply the business's registration number:

\_\_\_\_\_

1.1.5 If question 1.1.4 does not apply, and a licence is being applied for personal use, please answer the following questions:

(a) Date of Birth: \_\_\_\_\_ Age on last birthday: \_\_\_\_\_

(b) Nationality: \_\_\_\_\_

(c) Registration Number of Identification Card: \_\_\_\_\_

(d) Passport Number: \_\_\_\_\_

(e) Occupation: \_\_\_\_\_

## 2. PART II – Technical Details

2.1 Frequency Band: -

- |   |   |
|---|---|
| <input type="checkbox"/> VLF - Very Low Frequency | <input type="checkbox"/> VHF - Very High Frequency  |
| <input type="checkbox"/> LF - Low Frequency       | <input type="checkbox"/> UHF - Ultra High Frequency |
| <input type="checkbox"/> MF - Medium Frequency    | <input type="checkbox"/> SHF - Super High Frequency |
| <input type="checkbox"/> HF - High Frequency      | <input type="checkbox"/> EHF - Extra High Frequency |

2.2 Class of Station: -

- Aeronautical Mobile Radio
- Land Mobile Radio
- Maritime Mobile Radio

2.3 Required Frequency Range: - \_\_\_\_\_

2.4 Nature of Service: - \_\_\_\_\_

2.5 Number of Channels Required:- \_\_\_\_\_

Voice: - \_\_\_\_\_ VFT<sup>1</sup>: - \_\_\_\_\_ Data: - \_\_\_\_\_ Others: - \_\_\_\_\_

2.6 Details of Communication Points:- (If this space is not sufficient, please use extra paper to indicate the stations)

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<sup>1</sup> VFT – Voice Frequency Telegraphy

<b>Type of Station</b>	<b>Location of Station or/Registration No. of Vehicle/Boat/Aircraft</b>	<b>Number of Units</b>	<b>Call Sign</b>
<b>Base/Fixed</b>			
<b>Mobile</b>			
<b>Portable/ Handheld</b>			
<b>Repeater</b>			
<b>Any Other Equipment</b>			

2.7 Name and address of the manufacture of Equipment: -

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2.8 Details of Equipment: - (Photocopies of the technical specification of equipment manual should be attached)

<b>Type of Station</b>	<b>Make and Model</b>	<b>Serial Number</b>	<b>R.F Output</b>	<b>Class of Emission</b>	<b>Necessary Bandwidth</b>
<b>Base/ Fixed</b>					
<b>Mobile</b>					
<b>Portable/ Handheld</b>					
<b>Repeater</b>					
<b>Any Other Equipment</b>					

2.9 Details of Antenna: - (Radiation patterns of the antenna must be furnished)

<b>Station</b>	<b>Type</b>	<b>Height</b>	<b>Maximum Gain</b>	<b>Azimuth</b>	<b>Beam Width</b>	<b>Polarization</b>
<b>Base/Fixed</b>						
<b>Mobile</b>						
<b>Portable/ Handheld</b>						
<b>Repeater</b>						
<b>Any Other Equipment</b>						

### 3. SIGN DECLARATION (PART IV)

**PART IV - DECLARATION<sup>2</sup>**

I declare that the information provided by me on behalf of the applicant is accurate and complete in all respects.

**Signed**

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**Full name of signatory:**

**Position held:**

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**Date:** - \_\_\_\_\_

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**FOR OFFICIAL USE ONLY:**

**Examination Required:**

**Call Sign Issued:**

YES

NO

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**Date:**

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<sup>2</sup> This declaration must be signed:

- (i) in the case of an **individual**, by the person in whose name the application is made;
- (ii) in the case of a **sole proprietorship**, by the sole proprietor, or
- (iii) in the case of a **partnership**, by a partner; or
- (iv) in the case of a **company or other body corporate**, by a director, company secretary or other authorised officer.