

# NATIONAL TELECOMMUNICATIONS REGULATORY COMMISSION

20 Cork Street, 2nd Floor  
P O Box 649, Roseau  
Commonwealth of Dominica  
TEL: (767) 440 0627/500 3333 FAX: (767) 440 0835  
EMAIL: secretariat@ntrcdom.org

## TERMINAL EQUIPMENT SUPPLIER REGISTRATION FORM

Please indicate:        First Time Registration        Renewal

### 1. PART I - APPLICANT

#### 1.1 Contact Details

1.1.1 Name and Business Address of Applicant

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1.1.2 Contact Person \_\_\_\_\_

1.1.3 Telephone \_\_\_\_\_

1.1.4 Fax \_\_\_\_\_

1.1.5 E-mail \_\_\_\_\_

1.1.6 Web Address \_\_\_\_\_

#### 1.2 Business Details

1.2.1 Type of Business of Applicant

   Sole Trader                          Limited Liability Company

   Partnership                          Public Liability Company

Other \_\_\_\_\_

1.2.2 Name under which applicant proposes to trade.

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1.2.3 If newly established business, please provide date by which operations are to commence.

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1.2.4 Please state the nature of your business.

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## **2. PART II - TECHNICAL DETAILS OF EQUIPMENT**

2.1 Types of equipment to be supplied:

- Cellular Telephones;
- Cordless Telephones;
- Fax Machines;
- GSM Telephones;
- Mobile Radios;
- Modems;
- Wireless Remote Devices;
- PABXs (including Small Business Systems and Key Systems);
- Pagers;
- Radio Transmitters;
- Satellite Earth Stations;
- Telecommunications Switching Equipment;
- Telephone Instruments;
- Telex Equipment;
- Other equipment emitting a radio signal (*please provide details below*);
  
- Any other customer premises equipment to be attached to any part of a licensed telecommunications network (*please provide details below*)

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2.2 Specification of Equipment

(One random sample of each Model of each Type of CPE should be listed.)

Type of Equipment	Manufacturer	Model No.	Serial No.	Year of Manufacture	Certification Body & ID Number

2.3 Please indicate whether your company has been in receipt of any certificates designating it as a supplier of equipment.

Certification	Issuing Authority	Relevant Standard

2.4 Please state the geographical areas in which you intend to trade:

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2.5 Please state office addresses of these geographical locations

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**3. PART III - SUPPLEMENTARY DOCUMENTATION**

Documents submitted:

- Photographs or product brochures showing the appearance of the equipment;
- Certified copy of Certificate of Business Name Registration or Certificate of Incorporation
- Certified copies of any other relevant certificates
- Copy of customer agreement contract (if applicable);

**4. PART IV – DECLARATION OF APPLICANT**

\*[I / We] hereby declare that the information and documents presented by  
\*[me / us] in this registration form are to the best of \*[my / our] knowledge  
true and correct.



**Signature of Applicant(s):** \_\_\_\_\_

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