

## **Class Licence(s) Application Form – Type C**

Under section 33.1 of the Telecommunications Act 2000

**Commonwealth of Dominica**

### **Type Approval**

**National Telecommunications Regulatory Commission**

**20 Cork Street, 2nd Floor**

**P.O. Box 649**

**Roseau**

**Commonwealth of Dominica**

#### **Guidance Notes**

- This application form can be used for first issue and renewal of licences.
- Two (2) copies of the completed application form should be submitted in an envelope clearly marked “Type Approval Application” addressed to Chairman, National Telecommunications Regulatory Commission, 20 Cork Street, 2nd Floor, Roseau, Commonwealth of Dominica.
- The completed application form must be accompanied by a fee of Five Hundred Eastern Caribbean Dollars (EC\$ 500.00), per item, payable to the National Telecommunications Regulatory Commission, (Commonwealth of Dominica). If paying by wire transfer, please contact our office for wire transfer/bank details.
- For renewal of registration, please attach a copy of the present or existing approval/ registration to the completed application form.
- 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.

**Attached documentation and other items included in this submission**

**Please tick the items being submitted with this application**

- Application Fee Payment
- Technical Documentation of Equipment / General Specifications
- Previous Type Approval Certification
- A copy of the test report(s) including the technical characteristics of the respective equipment issued by a recognized certification body

Name of test/certification body:

\_\_\_\_\_

Country: \_\_\_\_\_

- A copy of accreditation certificate/documentation of the certification body
- Electromagnetic Compatibility (EMC) Report
- Safety Report
- Letter of Authorisation / Power of Attorney (if applicant is an authorised institution)
- A physical sample of the equipment requiring type approval
- User Manual
- Others (please state) \_\_\_\_\_

**1. PART 1 – The Applicant**

(Please complete fully in type or block letters)

**1.1 Contact Details**

1.1.1 Name and address of applicant

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1.1.2 (a) Licence No: \_\_\_\_\_ (b) Handle: \_\_\_\_\_

1.1.3 Designated contact person:

1.1.4 Telephone number:

1.1.5 Fax Number:

1.1.6 Email address:

1.1.7 Website:

1.1.8 If the licence is required for a (registered) business:

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

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

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1.1.9 If question 1.1.8 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 Select the following options as appropriate:

Type Approval has been granted by ECTEL State

Countries: \_\_\_\_\_

Type Approval has been granted by recognized international standards agency

Agencies: \_\_\_\_\_

\_\_\_\_\_

New Type Approval requested: equipment has not undergone any Type Approval process

2.2 Equipment Specifics:-

Equipment: \_\_\_\_\_

Type: \_\_\_\_\_ Class: \_\_\_\_\_

Brand Name: \_\_\_\_\_ Model: \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_

Address of Manufacturer: \_\_\_\_\_

\_\_\_\_\_

Operating Frequency / Frequency Range (MHz) :-

Transmit: \_\_\_\_\_ Receive: \_\_\_\_\_

Output (Watts): \_\_\_\_\_ ITU Emission Designator: \_\_\_\_\_

2.3 Details of the purpose for which equipment is intended to be used

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2.4 Certificate Holder (*this is person/company the type approval certificate would be issued to; this name would appear on the certificate*):

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Address of Certificate Holder:

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**PART III - DECLARATION<sup>1</sup>**

On behalf of the applicant, 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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<sup>1</sup> This declaration must be signed:

in the case of an **individual**, by the person in whose name the application is made;

in the case of a **sole proprietorship**, by the sole proprietor

in the case of a **partnership**, by a partner; or

in the case of a **company or other body corporate**, by a director, company secretary or other authorised officer.