1.	**PARTICULARS OF APPLICANT**	
	a) Name/Title:	
	b) Permanent address:	
	c) Telephone:	
	d) Fax:	
	e) Email:	
2.	**EQUIPMENT DATA**	
	a) Equipment Type:	
	b) Manufacturer:	Model No:
	c) Dates for Installation:	
	d) Dates for Commissioning:	
	e) Date of Proposed Operation:	
	f) Power Output (Nominal):	
	g) Assigned Frequency:	Identification:
	h) Antenna Type	
	i) Antenna Mast height:	
	j) Co-ordinates of Antenna Mast: Latitude…….....…. Longitude……...….	
	k) Single Operation ☐ / Dual Operation ☐ (tick √ where applicable)	
	l) Transmitter equipment Make……. Model no……...…... Transmitter power (Watts)……...	
3.	**AVAILABILITY OF NO BREAK POWER SUPPLY** (TICK √ WHERE APPLICABLE)	
	a) Main power ☐	
	b) Generator ☐	
	c) Solar power ☐	
	d) Battery Back-up ☐	Duration:
4.	**DOCUMENTATION -** This Application should be accompanied with the following:	
	a) Technical specifications of the equipment	
	b) Evidence of availability of test equipment	
	c) Availability of maintenance documentation	
	d) Evidence of successful site acceptance tests	

	e) Evidence of sufficient trained and competent personnel to maintain the equipment
	f) Safety assessment report
5.	**ANY ADDITIONAL INFORMATION**

Signature of Applicant …….…… **Date** …….

For official use:

Approved by:	
Name:	
Title:	
Date:	