

NOTICE

1. This form can be filled out on the computer. Select The relevant fields, and enter the required information.
2. Ensure that both pages are signed after printing.
3. Should a new form be needed, can it be downloaded by simply clicking on the ICASA Logo.
4. Should the forms be filled out, by hand can the forms be printed, and the example be followed on the computer.
5. Please contact the closest ICASA Office For an alternative form, should the markers still be visible after printing.
6. To avoid problems with completing and printing of the forms is the latest version of Adobe Reader recommended. It can be downloaded from www.adobe.com



Official use only

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 Port Elizabeth (041) 394-1600, Pretoria (011) 566-3000, Johannesburg (011) 566-3000

SECTION 1: RADIOCOMMUNICATION APPLICATION

The form must be completed in CAPITAL LETTERS, and in BLACK INK

Number of appendices attached A,B,C,D e.g. (1 of 20)

of

Application Type

Type Of Service

Temporary/Test Licence Date / /
 Transfer From To
 New Radio Communication Service New Radio Type Approval
 Radio Communication Service Modification Modify Type Approval
 Existing Licence No.

Aeronautical
 Alarms
 Amateur Radio
 Cellular
 Citizen Band
 Civil Defence Force
 Communal Repeater
 Demonstration
 Experimental
 Link above 1000 MHz
 Link below 1000 MHz
 Maritime
 Load Shedding
 Message Handling
 Paging
 Private
 Private Repeater
 Satellite
 Short Range Business Portable
 Ski-Boat
 Special
 Telemetry
 Trunking
 Radio Suppliers/Technicians
 Vehicle Tracking
 Very Short Range Band
 Wan

Select or Mark with a "X"

Official Use Only

Recommended
 Approved Signature
 Not Approved
 Pending Signature
 Waiting List Date
 Officer
 Date
 Notes

Select or Mark with a "X"

Other

Specify

APPENDIX A: DETAILS OF FIXED & MOBILE TERRESTRIAL SERVICE

Site B Information		LAYOUT		Site B/Link		
Number of Stations:	Mobiles	<input type="text"/>	Class of Station (ITU Classification)	<input type="text"/>	Path Length	<input type="text"/>
	Handhelds	<input type="text"/>	Alarm Outstations	<input type="text"/>	Total Propagation Loss in dB	<input type="text"/>
	Capacity/Bitrate	<input type="text"/>	Modulation Scheme	<input type="text"/>	Service Area/ Radius in Km	<input type="text"/>

SITE B: (Any Other Station: Mobile, Handheld, Alarms, Outstation, etc.)

***NOTE: Duplicate and complete this page for each fixed station**

Name of Site/ Station	<input type="text"/>	Site / Station Co-ordinates (Deg, Min, Sec)	South	D	M	S			
Building/Farm	<input type="text"/>		East	D	M	S			
Street name	<input type="text"/>	No.	<input type="text"/>	Building	<input type="radio"/>	Farm	<input type="radio"/>	Plot	<input type="radio"/>
Suburb	<input type="text"/>	City	<input type="text"/>	Postal Code	<input type="text"/>				
Contact Person	<input type="text"/>	Telephone/Cell	<input type="text"/>						
Site/S	<input type="text"/>	Antenna height above Gr	<input type="text"/>						
Equipment Manufacturer and Brand Name	<input type="text"/>	Model No.	<input type="text"/>						
Transmitting Power	<input type="text"/>	Watt	<input type="text"/>	dBm	Effective Isotropic Radiated Power (EIRP)	<input type="text"/>	Watt	<input type="text"/>	dBm
Type of Tone Coding	<input type="text"/>	Antenna Manufacturer	<input type="text"/>						
	<input type="text"/>	(dBd) Rx	<input type="text"/>	(dBd) (dBi)	Polarisation	<input type="text"/>			
Antenna type and model	<input type="text"/>	Receiver Sensitivity Threshold	<input type="text"/>	(dBm)(dBuv)(uv)					
Antenna diameter (if applicable)	<input type="text"/>	m	Frequencies Required	<input type="text"/>	KHz	<input type="text"/>	MHz	<input type="text"/>	GHz
Tx: Fixed/	<input type="text"/>	Class	<input type="text"/>	(dB)					
Coupling loss	<input type="text"/>			(Mark applicable)					
Number of antennae to be used at site	<input type="text"/>	Height of antenna centre above ground level	<input type="text"/>	m	Channel Spacing	<input type="text"/>			
Co-ordinates of antennae	South	D	M	S	East	D	M	S	
Equipment Type Approved by ICASA	Yes		No						

Agreement

NB: Please note to indicate whether you are the Owner or Skipper of the Boat, or in case of Company Applications the Director/Trustee/Partner or whatever the capacity might be.

I/We understand that if my/our application is approved the licence will be subjected to the provisions of the Electronic Communications Act, 2005 (Act No. 36 of 2005), and the Regulations made thereunder, as amended from time to time.

<input type="text"/>	<input type="text"/>
SURNAME IN CAPITAL LETTERS	Capacity
<input type="text"/>	<input type="text"/>
"Initials & Surname"	"Application Date"
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
"Signature of Person Applying"	

SECTION 3: CLIENT INFORMATION

Company

Trading Name

Department

Complete if Applying in "Private Capacity"

Registration No. Vat No.

Title Initials Surname

ID No. Nationality

Area Code Tel. (B) Area Code Tel. (H)

Area Code Fax No. Cell.

E-Mail

Business or Residential Address

Complete if Applying in "Business Capacity"

Building/
Farm/Plot

Street No. Street

Suburb

City/Town Postal code

Postal Address if different from the above

Postal code

Account Information

Surname of person responsible for payment of the account

Title Initials Job Title or Position

Name of branch or division responsible for payment of the account

Postal address

Postal code

Area Code Tel. (B) Area Code Tel. (H)

Area Code Fax No. Cell.

If you are already in possession of the radio equipment state date on which acquired

Licence number of previous owner

Name and address of previous

**Complete "if
Equipment were
bought over from a
previous Owner with
an existing ICASA
Licence"**

SECTION 3: CLIENT INFORMATION (continued)

Next of kin: (If applicant is a private person furnish name and address of next of kin not living with you)

Title Initials Surname

ID No. Relationship

Area Code Tel. (B) Area Code Tel. (H)

Area Code Fax No. Cell.

Residential Address

Postal Code

Postal Address

Postal Code

Note that should the applicant be under the age of 18 the following should be completed

Details of Guardian

Title Initials Surname **Complete if Applying in "Private Capacity"**

ID No. Relationship

Area Code Tel. (B) Area Code Tel. (H)

Area Code Fax No. Cell.

Residential Address

Postal Code

Postal Address

Postal Code

Agreement

I/We understand that

NB: Please note to indicate whether you are the Owner or Skipper of the Boat, or in case of Company Applications the Director/Trustee/Partner or whatever the capacity might be.

Act, 2005 (Act No. 36 of 2005) and the Regulations made thereunder, as amended from time to time.

"Initials & Surname"

"Signature of Person Applying"

"Application Date"

Signature

Capacity

Date

