### APPLICATION FOR SPECTRUM LICENCE IN FIXED AND TERRESTRIAL RADIO SERVICES Provisions of the Telecommunication Act 2009



**Explanatory Notes:** Please read this information and the notes at the back of this form before completing the application

- You may use this form only for the type of licences shown in Section D. If space is insufficient, use a separate sheet of paper.
- Section A must be completed in the name and/or title of the person or company/organisation to whom the licence will be issued
- The applicable licence fees are set out in the Telecommunications (Transitional Licence Fee) Regulations 2010.
- A separate application form must be used for each type of licence being sought.
- Mandatory fields marked with an asterisk \* must be completed.
- The administrative cost of processing a licence application is non-refundable.

- Incomplete application forms may be returned to the applicant for completion.
- The completed form should be sent to Telecommunications Commission of Solomon Islands, PO Box 2180 Honiara, Solomon Islands.
- Information is available on the Telecommunications Commission of Solomon Islands website: www.tcsi.org.sb
- If this licence is granted, full details will be recorded in the Register of Radio Frequencies and will be available for public inspection. This will include the name and address of the licence holder.
- Clients have the right to request that their residential address be withheld from public access. Requests must be made in writing to the Telecommunications Commission Spectrum Management section, PO Box 2180, Honiara.

#### SECTION A: LICENCE APPLICATION DETAILS\* = Mandatory Field

Do you	already have a licence issued under the same name or oganisa	ation?
	No: I am applying for the first time	
	Yes: Client ID	
APPLIC	ANT TYPES *: Please select a category, For Client type 'Person'	go to A1, for all other client types go to A2
	Individual Person > go to A1	
	Other Client Types > go to A2	
*A1	PERSON	Title: Mr Mrs Ms Miss
	Do you already have licenses issued under the same name?	Nationality:
	No, I am applying for a licence for the first time	Billing Name:
		Telephone No:
		Facsimile No:
		Mobile No:
		Email Address:
		Mailing Address:



A2	CLIENT TYPES	
	Government Organisation  Non Government Organisation  Statutory Authority	Community Registered Company Others
Do you name?	No, I am applying for a licence for the first time	Organisation Name:  Billing Name:  Email:  Telephone No:  Business Telephone No:  Mobile Phone No:  Facsimile No:
Physica	al Address	Billing/Postal Address (if not supplied, it is assumed to be the same as the residential address)
Ward/	Area:	PO Box No:
Town:.		Location:
Provinc	ce:	Province:
Postal	code (if any):	



SECTION C: PAYMENT OPTIONS					
Payment of licence fees will be required once the engineering and administration process is completed and satisfied					
Payment Options:					
On Line Payment Option – Email invoice to the email address provided by applicant					
Invoice – Licence holder will receive an invoice sent to the postal address provided by the applicant					
SECTION D FIXED SERVICES					
New licence Modify existing licence, Licence Number:					
*Select Service Type:					
Point-to-Multipoint Point-to-Point Bi-directional Uni-directional					
* Proposed power level:dBW eirp/Watt eirp (please circle)					
* Existing power level:dBW eirp/Watt eirp (please circle)					
Fixed term use: Commencing PeriodEnding Period:Ending Period					
Purpose of service:					
SECTION E LICENCE FREQUENCY DETAILS					
Please specify preferred Band(s) or Channel (s) and the required details for Frequency (ies)					
*Preferred Band(s):					
*Preferred Channel (s):or Preferred Frequency (MHz)					
*Frequency Range (MHz):					
* Emission designation (s) (e.g 16K0F3EGN):					
*Polarization: Vertical Horizontal Other (Please Specify):					
* Modulation Method (e.g QAM, QPSK):Modulation Type (Digital/Analogue):					
* Multiplexing Method (e.g FDMA, TDMA)					
Additional Information (Please supply any additional frequency/channel/emission information as necessary)					
Additional information (Flease supply any additional frequency/challiel/emission information as flecessary)					



SECTION F RADIATION PATTERN
Please specify details relating to the Antenna Radiation Pattern
Horizontal Radiation Pattern (0 degrees refers to True North)
Omni Directional Directional
Bearing (from):Bearing (To):Bearing Value (dBW eirp):
Bearing (from):Bearing (To):Bearing Value (dBW eirp):
Vertical Radiation Pattern (0 degrees refers to True North)
Bearing (from):Bearing (To):Bearing Value (dBW eirp):
Bearing (from):Bearing (To):Bearing Value (dBW eirp):
SECTION G LOCATION SPECIFIC DETAILS
Location 1
*Location: Name:Province:
*Location Coordinates, Longitude :(Deg), Latitude :(Deg)
*Site Height ASL (meters):
Antenna Details
Antenna: *Make*Antenna Height AGL (meters)
*Antenna Gain (dB):*Azimuth (wrt True North)
System Configuration
*Transmit Equipment, Make:Model:Model:
*Cable Loss (dB)Other Transmit System Losses (db):
*Max Transmit Equipment Power Capability:dBm/dBW (please circle)
*Receive Equipment, Make:Model:
*Cable Loss (dB)Other Receive System Losses (dB)
*Necessary Receive Signal (faded):dBm/dBW (please circle)
*Fade Margin (dR): Minimum Rx Signal level (dRm)

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Additional Information (Supply any additional technical information as required)					
Location 2					
*Location: Name:Province:					
*Location Coordinates, Longitude :(Deg), Latitude :(Deg)					
*Site Height ASL (meters):					
Antenna Details					
Antenna: *Make*Antenna Height AGL (meters)					
*Antenna Gain (dB):*Azimuth (wrt True North)					
System Configuration					
*Transmit Equipment, Make:Model:Model:					
*Cable Loss (dB)Other Transmit System Losses (db):					
*Max Transmit Equipment Power Capability:dBm/dBW (please circle)					
*Receive Equipment, Make:Model:Model:					
*Cable Loss (dB)Other Receive System Losses (dB)					
*Necessary Receive Signal (faded):dBm/dBW (please circle)					
*Fade Margin (dB):Minimum Rx Signal level (dBm)					
Additional Information (Supply any additional technical information as required)					

**Note:** For Point-to-Multipoint applications, please copy section G and complete for additional locations



*Checklist (please include)							
grant							
rant							
rant							
grant							

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#### **APPLICATION NOTES**

- 1. Applicants are responsible for complying with the application procedures and requirements set forth in the Telecommunication Act 2009.
- 2. Applicants must comply with all legal requirements for holding a licence.
- 3. Applicants providing false or misleading information will be liable to penalties under sections 42 and 58 of Telecommunication Act 2009.
- 4. Facilities and equipment operating on the licensed spectrum will be bound to inspection.
- 5. Granting of licence is at the discretion of the Telecommunications Commissioner, administrative fees are not refundable.
- 6. The application is ONLY for a licence to operate on particular frequencies.
- 7. Operating without a spectrum licence will be subjected to violation of section 36 of the Telecommunication Act 2009 and carries fines and penalties.
- 8. This application form may be used to seek modification of an existing Spectrum Licence.
- 9. Applications must be signed by a person duly authorised by the applicant.