APPLICATION FOR SPECTRUM LICENCE IN BROADCASTING 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 oganisation?							
	No: I am applying for the first time						
	Yes: Client ID						
APPLICA	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 a license 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:					
		Mobile No: Email Address:					

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	*A2	CLIENT TYPES		
		Government Organisation Non Government Organisation Statutory Authority		Community Registered Company Others
Do you already have a license issued under the same 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:		
Physical Address			Billing/Postal Address (if not supplied, it is assumed to be the same as the residential address)	
	Ward/A	rea:		PO Box No:
	Town:			Location:
	Province	e:		Province:
	Postal c	ode (if any):		

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SECTION B: 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 (not currently available)						
Invoice – Licence holder will receive an invoice sent to the postal address provided by the applicant						
SECTION C BROADCASTING SERVICES						
New licence Modify existing licence, Licence Number:						
*Select Service Type:						
AM DAB HF TV (VHF/UHF) please circle						
* Select Category:						
Commercial Community/Rural Statutory						
* Proposed power level:dBW eirp/Watt eirp (please circle)						
* Existing power level:dBW eirp/Watt eirp (please circle)						
Fixed term use: Commencing PeriodEnding Period:						
Purpose of service:						
rui pose di service						
SECTION D LICENCE FREQUENCY DETAILS						
Please specify preferred Band(s) and the required details for Frequency (ies)						
*Preferred Band:						
*Frequency (MHz):Offset±kHz NICAM RDS						
* Emission designation (e.g 20K0A3EGN):						
*Polarisation:						
Additional Information (Please supply any additional frequency/channels/emission information as necessary)						

Name of Applicant

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LICENCE EQUIPMENT DETAILS SECTION E Please specify equipment details *Make:.....*Model..... *Equipment Type Approval Standard, Specify:..... Additional Information (Provide additional information on equipment as required) SECTION F LOCATION SPECIFIC DETAILS *Location: Name:......Province:.....Province:.... *Location Coordinates, Longitude :.....(Deg), Latitude:....(Deg) *Site Height ASL (meters):.... Antenna: *Make.....*Model:.....*Antenna Height AGL (meters)...... Additional Information (Provide additional location/antenna/information as required) SECTION G ADITIONAL INFORMATION REQUIRED *Checklist (please include) Antenna Radiation Pattern Contour Coverage Map Site Map **Technical Proposal Documentation DECLARATION** SECTION H In accordance with the Telecommunications Act 2009, I hereby apply for a spectrum licence for the use of broadcasting equipment described herein. * I certify that the information given herein is true and correct in every particular

Company Stamp & Signature

.....

Date

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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.