



Official use only

Independent Communications Authority of South Africa
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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

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.

Type Of Service

- 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

Official Use Only

Recommended

Approved Signature

Not Approved

Pending Signature

Waiting List Date

Officer

Date

Notes

Other

Specify

SECTION 2: CLIENT FORM

Passport No.

NATIONALITY	BIRTH DATE	BIRTH PLACE
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you (mark where applicable)

Supply

Supply/Install

Supply/Install/Repair

Two way Radio Communication Equipment?

CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS MUST BE FURNISHED IF APPLYING FOR EXCLUSIVE FREQUENCIES:

1. THE COMPANY'S REGISTRATION CERTIFICATE
2. IN THE CASE OF AN ASSOCIATION, THE CONSTITUTION OF THE ASSOCIATION

Official Use

01. Letter of authorization in respect of the transfer of existing frequencies and copy of licence attached.
02. Printout of account particulars
03. Map indicating the exact area of Operations
04. List of licences with existing Repeater Systems in proposed area of operation who have been approached in order to obtain frequencies.
05. Number of units as specified in the Act correct.
06. All documents signed and correctly completed
07. Business Plan attached.
08. Existing System.
09. Register to indicate that existing system is fully utilized (i.e 10 clients; 100 stations)
10. Existing System Paid/Not paid.
11. Spectrum Contention

Yes

No

.....
Name and Signature

.....
Name and Signature

.....
Date

COMMENTS FROM SPECTRUM MANAGEMENT

COMMENTS FROM SPECTRUM LICENSING

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A P P E N D I X A

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

 of

DETAILS OF FIXED AND MOBILE TERRESTRIAL SERVICE

Name of Company / Individual

If extending an existing licence, provide licence no

Information to be transmitted:

Voice

Data

Video

Purpose of Service

Nature of Service

Operation

Simplex

Duplex

Operational Area

For HF Stations only:

Designation of emission

Hours of operation

 /

From

to

APPENDIX A: DETAILS OF FIXED & MOBILE TERRESTRIAL SERVICE

NETWORK LAYOUT

Site A Information

Class of Station (ITU Classification)	<input type="text"/>	Capacity / Bitrate	<input type="text"/>	Site A/Link	<input type="text"/>
Number of fixes Stations: Base / Control	<input type="text"/>	Modulation Scheme	<input type="text"/>	Service Area/ Radius in Km	<input type="text"/>
Repeaters	<input type="text"/>	Earth Stations	<input type="text"/>	Total Propagation Loss in dB	<input type="text"/>

SITE A: (Any Fixed Station, Base/Control, Repeater, Satellite Earth Station, Links)

***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/Station height above Sea Level (ASL)	<input type="text"/>	Antenna height above Ground Level (AGL)	<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"/>						
Antenna Gain: Tx	<input type="text"/>	(dBd)	Rx	<input type="text"/>	(dBd)	Polarisation	<input type="text"/>		
Antenna type and model	<input type="text"/>	Receiver Sensitivity Threshold	<input type="text"/>	(dBm)(dBu)(uv)					
Antenna diameter (if applicable)	<input type="text"/>	m	Frequencies Required	<input type="text"/>	KHz	MHz	GHz		
Tx: Fixed/ Coupling loss	<input type="text"/>	Rx: Fixed Coupling loss	<input type="text"/>	(dB)	(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							

APPENDIX A: DETAILS OF FIXED & MOBILE TERRESTRIAL SERVICE

Site B Information		NETWORK 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/Station height above Sea Level (ASL)	<input type="text"/>	Antenna height above Ground Level (AGL)	<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	dBm	
Type of Tone Coding	<input type="text"/>	Antenna Manufacturer	<input type="text"/>						
Antenna Gain: Tx	<input type="text"/>	(dBd)	Rx	<input type="text"/>	(dBd)	Polarisation	<input type="text"/>	(dBi)	
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	MHz	GHz		
Tx: Fixed/ Coupling loss	<input type="text"/>	Rx: Fixed Coupling loss	<input type="text"/>	(dB)	(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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					

Agreement by applicant (must only be signed by applicant)

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.

SURNAME IN CAPITAL LETTERS

Capacity

Signature

Date

SECTION 3: CLIENT INFORMATION

Company

Trading Name

Department

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

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

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	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
ID No.	<input type="text"/>			Relationship	<input type="text"/>
Area Code	<input type="text"/>	Tel. (B)	<input type="text"/>	Area Code	<input type="text"/>
		Tel. (H)	<input type="text"/>		
Area Code	<input type="text"/>	Fax No.	<input type="text"/>	Cell.	<input type="text"/>

Residential Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

Postal Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

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

Details of Guardian

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
ID No.	<input type="text"/>			Relationship	<input type="text"/>
Area Code	<input type="text"/>	Tel. (B)	<input type="text"/>	Area Code	<input type="text"/>
		Tel. (H)	<input type="text"/>		
Area Code	<input type="text"/>	Fax No.	<input type="text"/>	Cell.	<input type="text"/>

Residential Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

Postal Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

Agreement by applicant (must only be signed by applicant)

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"/>
Signature	Date