Broadcasting Application Form

- ☐ New
- ☐ Renew
- ☐ Modify
- ☐ Temporary
- ☐ Cancel

Already in possession of a license:

License number:	Expiration date (d/m/y)
Country of issuance:	Class of license

APPLICANT'S DETAILS	
1. Customer number	
2. Company/Applicant	
3. Nature of the company	
4.Chamber of Commerce number	
5. Company's email address	
6. Website	
7. Postal address	
8. Physical address	
9. Contact Person	
Sure name	
Given names	
Title/Department	
Fixed phone	
Mobile phone	
Fax number	
Email address	

2.TYPE NETWORK OR SERVICES	
Description of service	
Class of license	

EQUIPMENT			
☐ New	☐ Digital Audio	☐ Digital TV	☐ Other:
Digital Audio:	☐ T-DAB	☐ DRM	☐ Other:
Digital TV:	☐ Fixed Reception	☐ Mobile Reception	☐ Indoor Reception
	☐ Handheld Reception	☐ DVB-T	

3.OWNERSHIP BROADCAST STATION		
☐ Business	☐ Private	☐ Public

4. OPERATION MODE		
Operation:	☐ Broadcast	☐ Synchronized (Relay Station)
Single Frequency Network:	☐ No	☐ Yes provide SFN ID Time Delay:
Location of Studio and Transmitter:	☐ Co-located	☐ Not Co-located
Hours & Days Operation:	☐ 24Hrs all days of the week	☐ Others

5. SITE DATA			
Name of the site			
Site address			
Coordinates			
Longitude	Degrees	Mins	Sec
Latitude	Degrees	Mins	Sec
Height above sea level (in meters)			
Area of coverage			

6. EQUIPMENT DATA	
Tunable Frequency Range of Tx:	Tuning Method:
Proposed Frequency	Bandwidth:
Emission Designator	Class of Station:
Type of Signal Code: □Precise □Digital	
Offset Type: □Precise □Digital	
Frequency Offset:	Frequency Stability (Hz)
Maximum Equipment Power (Watts)	TRA Type Approval No:

Manufacturer:	Type:	Model:
Polarization:	Angel:	Directivity:
Max radiation: Antenna Gaun (dB)		
Antenna height above ground level: (meters)		
Elevation angle of antenna:		
Maximum effective antenna height:		
Power at antenna input:		
Feeding loss/cable loss:		
Max effective radiated power:		
ERP-H(dBW): ERP-V:		
Antenna Pattern: Please attach Antenna Pattern(H/V) for Angle (Degree) Vs Gain (dB) in both Table and Graph format		

7. TRANSMISSION DATA		
Modulation	Designation of Emission:	System:
For analog:	Ref. Freq:	Vision carrier freq:
Sound carrier freq:		
Color system: Vision to sound power ratio:		
For digital broadcasting: FFT Size:		
Guard interval: Code rate		
Total Channel Data Rate: (Mbits/sec): BER:		

Language (s)	
Audiences	
Broadcast Objectives	
Details of the program mix	

8. PLEASE INDICATE ANY FURTHER DETAILS:

9. **APPLICANTSDECLARATION**

I understand that any permit issued to me may be subsequently modified, suspended or cancelled without advanced notice. I declare that all information submitted herein or herewith is true, correct and complete to the best of my knowledge. I commit to remit to the BTPSXM the fees relating to this application and subsequent license as invoiced by the BTPSXM.

Date signed (d/m/y):	Signature: _____

10. **REQUIRED DOCUMENT**

1. If renew, modify or cancel please attach previous authorization.

2.Valid trace license copy

3. Passport copies and photos of the operators

4. Equipment Brochure

5. Proof of payment for application processing

6. Serial Number of the equipment

7. For a new application, please fill and attach the "Application for username " as well.