

TELECOMMUNICATION SERVICES APPLICATION

TYPE A, B, OR C NETWORKS, AND/OR TYPE 1 TO 5 SERVICES

INSTRUCTIONS FOR COMPLETION

Print clearly, illegible, unclear or incomplete application forms may delay processing.

Telecommunication Service Types are defined in Part III.

This application must be filled out and submitted for services under Type A, B, or C Networks and/or Type 1 to 5 Services. You should use Sint Maarten License Application form 2 if you require only a type D to type F network license.

You may use this form to apply for type D, E or S network licenses only if you also are applying for a type A, B, or C network; license or a type 1 to 5 service license.

Queries concerning the completion of this form should be directed to Bureau Telecommunications and Post St. Maarten at: Info@sxmregulator.sx

DISCLOSURE OF PERSONAL DETAILS

Information provided by the applicant in a field of this form that is marked with an asterisk (*) will be disclosed to the public by the Telecommunications Authority in a Register of the Telecommunications Authority Licenses in accordance with section *the Telecommunications Ordinance*

1. 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 :	
Surname	
Given names	
Title/Function	
Fixed phone	
Mobile	
Fax Number	
Email Address	

TYPE(S) OF NETWORK(S) AND/OR SERVICE(S)*

At least one of the following types of telecommunication networks services must be selected

NETWORKS

CHECK BOX	TYPE	SERVICE	COMMENTS
<input type="checkbox"/>	Type A	Fixed Wireless	
<input type="checkbox"/>	Type B	Fixed Wireless	
<input type="checkbox"/>	Type C1	Mobile (Cellular) 2G	
<input type="checkbox"/>	Type C2	Mobile (Cellular) 2.5G	
<input type="checkbox"/>	Type C3	Mobile (Cellular) 3G	
<input type="checkbox"/>	Other	Mobile (Cellular) LTE	

SERVICES

CHECK BOX	TYPE	SERVICE	COMMENTS
<input type="checkbox"/>	Type 1	Fixed Telephony	
<input type="checkbox"/>	Type 2	Fixed International V/D	
<input type="checkbox"/>	Type 3	Mobile Telephony	
<input type="checkbox"/>	Type 4	Resale of Telephony	
<input type="checkbox"/>	Type 5	Internet Telephony	
<input type="checkbox"/>	Other	Call & Service Center	

ADDITIONAL LICENCE TYPES

THE FOLLOWING LICENSE TYPES MAY BE INCLUDED IN THIS APPLICATION PROVIDED AT LEAST ONE OF THE ABOVE HAS BEEN SELECTED.				
NETWORKS			SERVICES	
<input type="checkbox"/>	Type D1	Fiber Optic Cable Domestic	<input type="checkbox"/>	Type 9 Internet Service Provider (ISP)
<input type="checkbox"/>	Type D2	Fiber Optic Cable International	<input type="checkbox"/>	Type 11 Provision of telecommunications Infrastructure To third parties
<input type="checkbox"/>	Type E1	Satellite / VSAT Domestic	<input type="checkbox"/>	Type 12** Retail sale of Telecommunications
<input type="checkbox"/>	Type E2	Satellite / VSAT International	<input type="checkbox"/>	Type 13 Publications of Directories

<input type="checkbox"/>	Type S	Spectrum	<input type="checkbox"/>	Type 14	Applications Service Provider (ASP)
		Check this box if you plan to make use of any spectrum and provide full details in answer to question 28 below. There is an annual fixed fee for each transmission			

COMPANY DIRECTORS AND MANAGEMENT

Where appropriate, the following information should be provided as an attachment to this application:

1. Attach details of all directors and officers of the Company.

#	INFORMATION REQUIRED	PROVIDED IN EXHIBIT #
A.	Full Name	
B.	Appointment	
C.	Date Appointed	
D.	Private address	
E.	Age	
F.	Nationality	
G.	Occupation	
H.	Other Directorships held over the past 5 years	
I.	Other Business interests	
J.	Whether or not resident on Sint Maarten or Dutch Caribbean	
K.	Summary of background, and any experience relevant to running the networks and services applied for.	

2. Have any directors or officers of the company ever declared personal bankruptcy or been a director or officer of a company which has gone into liquidation official receivership administration. Or become insolvent (either while he was a director or officer or within 3 years of his ceasing to be a director or officer)?		
	No	
	Yes	Please attach details
	Exhibit #	

3. Have any directors of the Company been a director of a company whose Telecommunications license (or equivalent) has been revoked by any country's regulatory authority for breach of license condition(s) (either while he was a director or within 3 years of his ceasing to be a director)?		
	No	
	Yes	Please attach details
	Exhibit #	

<p>4. Attach names and addresses of all shareholders of the Company (unless a publicly traded company). Include nationality and place of residence.</p>		
		List of shareholders attached
		We are a public traded company
	Our company registrars are	

<p>5. Has any director of the Company or any member of the Company's managerial staff ever been, or are they now, the defendant or respondent in any proceedings in any court in any jurisdiction involving nonpayment of debt, Dishonesty, fraud, theft, restitution or violence?</p>		No	
		Yes	Please attach details
	Exhibit #		

<p>6. Provide a diagrammatic representation of the applicant's major shareholders, including the percentage of shares held. The Authority may request further information from the applicant concerning shareholding and corporate ownership structure.</p>	PROVIDED IN EXHIBIT #	

<p>7. Provide a diagrammatic representation and narrative description of the Company's management structure. Include brief resumes of key managerial staff indicating relevant prior experience, qualifications, and nationality. Detail any other sources of expertise available to the Company.</p>	PROVIDED IN EXHIBIT #	

<p>8. List any activities which will be contracted out to agencies, consultants, etc., including numbers of personnel upon whom the applicant will be able to draw, if known.</p>	PROVIDED IN EXHIBIT #	

<p>9. Attach names, addresses and contact details for the following professional advisors to the Company.</p> <ul style="list-style-type: none"> a. Attorney b. Accountant c. Auditors d. Principal Banker(s) 	PROVIDED IN EXHIBIT #	

COMPANY BACKGROUND

10. Does the Company or any affiliate currently hold, or has it ever held, a telecommunications, broadcasting license in Sint Maarten or another country?		
		No
		Yes
	Please attach details	
Exhibit #		

11. Has the Company or any affiliate ever had an application for a telecommunications, broadcasting license in Sint Maarten or another country refused?		
		No
		Yes
	Please attach details	
Exhibit #		

12. Has the Company or any affiliate ever had a telecommunications, broadcasting license in Sint Maarten or another country revoked?		
		No
		Yes
	Please attach details	
Exhibit #		

NETWORKS & SERVICES TO BE SUPPLIED

General description of the network or service, including:	DESCRIPTION		EXHIBIT #
	a.	General description of the network or service, including:	
b.	Narrative description		
c.	Number and categories of customers anticipated to be served		
d.	Arrangements for interconnection and infrastructure sharing, where appropriate		
e.	Anticipated launch date		
f.	Anticipated developments over the next 3 years		
g.	If wholesale services will be offered to other licensees		
h.	Geographical coverage		

Explain fully the technical and operational configuration, including:	DESCRIPTION		EXHIBIT #
	a.	Description of the equipment to be used	
	b.	Technical specification	
	c.	Conformance with standards	
	d.	Source and availability	
	e.	Network surety and reliance	
	f.	Environmental impact	

Provide a clear diagram showing	DESCRIPTION		EXHIBIT #
	a.	The conveyance of messages from the beginning (i.e. ways of accessing the applicant's system) to the end (i.e. termination of the message).	
	b.	Directional arrows	
	c.	Labels showing which company own and operates each part of the network. (Though the applicant's system might represent a small part of the overall network, it is important for the Authority to know where the applicant's system fits into the chain of conveyance of a message and what the applicant's system does with that message.)	

For each element of the network that involves radio transmission (if any), please provide an engineer's technical report that includes the following information (include network links, local loop and cellular as appropriate):	DESCRIPTION		EXHIBIT #
	a.	Technical narrative	
	b.	Equipment tabulation and technical specifications	
	c.	Transmitter site map	
	d.	Antenna element sketch	
	e.	Frequency coverage map	
	f.	Frequency allocation study	
	g.	Vertical plane elevation pattern	
	h.	Frequencies & channels or band(s) required	
	i.	Antenna Mode	
	j.	Effective radiated power (average & horizontal)	
k.	Effective antenna height		

	1.	Transmitting site coordinates	
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Do you wish to apply for an allocation of numbers? If so, please check the appropriate box(es):	Check Box	Code description	Exhibit #
	<input type="checkbox"/>	Carrier Access Codes	
	<input type="checkbox"/>	Carrier Selection Code	
	<input type="checkbox"/>	End User Numbers	
	<input type="checkbox"/>	Other Numbers	

BUSINESS AND MARKETING

				EXHIBIT #
Attach a detailed business plan covering a period of at least 5 years that Includes: NB. The applicant may be required to file a more precise business plan following completion of its interconnection and infrastructure arrangements.	a.	Major assumptions used		
	b.	Sources of funding, debt levels, equity and independent confirmation as appropriate		
	c.	Performa financial statements for 5 years, to include cash flow and income statements		
	d.	An indication of when the applicant anticipates becoming profitable		
Attach a marketing strategy that includes for each of the networks or services to be provided:	a.	Main target markets (e.g. wholesale or retail, residential or business)		
	b.	Sales plan		
Provide details of your proposed rates.				
Provide copies of your terms and conditions for the provision of the proposed networks and services.				
Provide copies of representative samples of existing contracts with all classes of customer (if any).				
How many staff do you propose to employ (Please provide a range and motivation.	Initially		/	
	After Year 1		/	
	After Year 3		/	
Explain fully how the following services will be provided:	a.	Customer service and complaint resolution		
	b.	Customer billing		
	c.	Directory services to the public, and how directory information on the applicant's own customers will be maintained and made available to others legitimately seeking it		

	d.	Access to 911 emergency services	
Provide details of any quality of service targets supported by the applicant.			

FILING

This signed request must be submitted in triplicate to the BTPSXM. Request and supporting documentation must be properly secured. The applicant is to provide an electronic copy of the request to be E-mailed to:_____. The fees related to the processing of this request and subsequent certification must be paid as invoiced to the BTPSXM.

CERTIFICATION

1 The Applicant by submitting this form and any attachments thereto represents, warrants that all information, facts and matters (together the 'Information') contained or referred to in the form and any attachments thereto are true and accurate as at the date of the application and correct in all respects and that nothing has been omitted which renders any of such Information incomplete, false or misleading.

2 So far as such Information relates in whole or in part to past or present matters of fact upon submission of the form, they shall also be deemed to constitute fundamental representations upon the basis of which Bureau Telecommunications and Post St. Maarten may issue licenses, certifications and certificates applied for.

3 Promptly upon the occurrence of or promptly upon the Applicant becoming aware of the impending or threatened occurrence of any event which would or might reasonably be expected to cause or constitute a breach of the representations, warranties and undertakings in sub-clause 1 above (or would have caused or constituted a breach of the representations, warranties and undertakings in sub-clause 1 had such event occurred or been known to the Applicant prior to the date of application), the Applicant shall give written notice of the same to Bureau Telecommunications and Post St. Maarten and shall use its best endeavors promptly to prevent or remedy the same.

4 Where the Information consists of any audited accounts of the Applicant, the Applicant by submitting this form and any attachments thereto represents, warrants and undertakes to and with Bureau Telecommunications and Post St. Maarten that those accounts are accurate in all material respects and show a true, complete and fair view of the state of affairs, financial position, assets and liabilities of the Applicant and of its results for the financial period therein stated.

5 The Applicant further certifies that, to the best of its knowledge, any matters which might influence the Bureau Telecommunications and Post St. Maarten judgment as to whether the Applicant, its directors and substantial shareholders are fit and proper persons to hold a Telecommunications license have been made known to Bureau Telecommunications and Post St. Maarten.

Signed on behalf of or by the Applicant:

<p>Signed on behalf of Applicant</p> <hr/> <p>Name:</p> <p>Position:</p> <p>Date:</p>
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<p>Signed by Applicant</p> <hr/> <p>Name:</p> <p>Position:</p> <p>Date:</p>
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