



APPLICATION FOR SPECTRUM LICENCE TO INSTALL AND OPERATE IN TURKS AND CAICOS ISLAND

In accordance with the provision of the Telecommunication Ordinance and the Telecommunications and Frequency Licencing Regulations made there under.

<input type="radio"/> New <input type="radio"/> Change <input type="radio"/> Existing
Account No.
Licence No.
Call Sign

Screened area are for department use only

1. APPLICANT

COMPANY	INDIVIDUAL
Company Name (see note 1)	Family Name
Contact Year Incorporated Where Incorporated	First Name

Radiocommunication Service Provider <input type="checkbox"/>	Radiocommunication Carrier <input type="checkbox"/>	Radiocommunication User <input type="checkbox"/>	Telephone No	Facsimile No
--	---	--	--------------	--------------

Correspondence Address (Street, P.O. Box, etc.) (See note 2)	E-mail Address
	Postal Code

2. NATURE OF SERVICE (Taxi dispatching, construction, etc.) (See note 3)

	Long Term <input type="radio"/> Short Term <input type="radio"/>
--	--

3. FIXED or TRANSPORTABLE STATION DETAILS

Name of transmitter/receiver site	
Coordinate origin (See note 8) <input type="radio"/> Topographic map OR <input type="radio"/> GPS	Geographic coordinates of transmitter/receiver site (See note 4) ° ' " Lat N. ° ' " Long. W
Address or Legal land description (Parcel and Plot)	Island/Settlement
Name of general area of operation (See note 6)	
Geographic coordinates of centre of operational area (transportable only) (See note 4) ° ' " Lat N. ° ' " Long. W	Approximate radius of operation from the centre (Miles) (See note 7)
Are there broadcast antenna structures within 2 miles of proposes site? If so, please list them below. <input type="radio"/> Yes <input type="radio"/> No 	

4. FREQUENCIES AND OPERATION

Desired Transmit Frequency	Desired Receive Frequency	Necessary Bandwidth And Type of Emission	Station (call Signs) with which communication is desired. For earth station, indicate the satellite (s) and location	No. of existing/new mobile station (See note 5)
A				
B				
C				

5. PARTICULARS OF PROPOSED EQUIPMENT (See note 11,12,13)

Name of Manufacturer		Type or Model	Frequency Range		RF Power Output Rating of Transmitter
A	Transmitter		From	Hz	Watts
	Receiver		To		
B	Transmitter		From	Hz	Watts
	Receiver		To		
C	Transmitter		From	Hz	Watts
	Receiver		To		

6. ANTENNA SYSTEM DETAILS (See note 11,12,13)

Manufacturer and Type of Antenna	Antenna Pattern	Antenna Gain (dB)	Type of transmission line and length (Feet)	Hight of antenna above ground (Feet) (See note 9,10)	Hight of antenna structure above ground (Feet) (See note 9)	Ground elevation above MSL (Feet) (See note 8)
A	Transmitter					
	Receiver					
B	Transmitter					
	Receiver					
C	Transmitter					
	Receiver					

7. LIST TRANSMITTER – RECEIVER ANCILLARY COMPONENTS I.E., ISOLATOR, DUPLEXER, CAVITY FILTER.

Name of Manufacturer		Type or Model	Insertion Loss	Function	Filter Code
A	Transmitter				
	Receiver				
B	Transmitter				
	Receiver				
C	Transmitter				
	Receiver				

8. POWER COMPUTATION + RECEIVING SYSTEM LOSSES AND GAINS

	Transmitter Power (dBW)	Transmission Line Loss (dB)	Other Losses, e.g. Duplexer, Cavity ect., (db)		Power into Antenna (dBW)	Apply Antenna Gain (db)	Effective Radiated Power (dBW)	Effective Radiated Power (dBW)
			Connectors	Filter Components				
A	Transmitter							
	Receiver							
B	Transmitter							
	Receiver							
C	Transmitter							
	Receiver							

CERTIFICATION

I certify that the statements made in this application are complete and correct to the best of my knowledge, that the radio equipment used is of a type certified for use in Turks & Caicos Islands and that the station (s) will be used only for the purposes authorized by the Minister of Communication and the Regulations made under the Telecommunication Ordinance. I further certify that I am eligible to hold a radio station licence and, if required, the antenna structure will be marked in accordance with the recommendations of Turks & Caicos Islands Telecommunications Commission and Planning Department.

_____ Name (Print)

_____ Date

_____ Signature

IT IS A PUNISHABLE OFFENCE TO MAKE A FALSE STATEMENT.

RESERVED TO THE DEPARTMENT

Domestic coordination required? Yes No

International coordination required? Yes No

EMC required? Yes No

INSPECTOR'S COMMENTS

Empty box for Inspector's Comments.

The information contained in this application has been checked and approval is recommended not recommended

Date properly completed application received _____ Date processing completed _____

Inspector's Signature _____

Notes on completing this form

Section 1

1. The company name must be as officially registered. If personal application the applicant's full name is required. All entries must be clearly legible and entered in indelible Ink.
2. If the mailing address of the company or client is not the same location as the radio station specify this on the application. If the billing address is different from the mailing address attach this information separately.

Section 2

3. The station type shall be described as the type of operation such as radio paging, taxi dispatch, radio amateur, etc. if the application is for an Amateur station notarized copies of qualification level and certification level and certification documentation must be attached.
4. The latitude and longitude information must be provided when the station is at a fixed location. The accuracy must be based on a topographic map of not more than 1:50000 scale plus or minus 5 seconds of position. GPS location accuracy is sufficient. An original or photocopy of the topographic map or parcel and plot # should be attached to the application showing the site location.
5. If the application is for a land station such as a base station in communication with associated mobile stations, specify the number of mobiles associated with this frequency.
6. The station name must be the name of the nearest Island or Settlement in which the station and its operation are to be conducted.
7. If the application is for mobile operation only specify the area of operations by area in Miles or Feet around the center of operation.
8. The ground elevation, above mean sea level (AMSL) can be obtained from a topographic map of the station location.
9. If the antenna is located on a building on a rooftop specify the height of the building above ground, in Feet.
10. If the antenna is mounted on a radio tower on a rooftop specify the height of the tower and the height of the antenna from the rooftop, in Feet. If the antenna is mounted on a radio tower on a hill specify the height of the tower and the height of the antenna above ground, in Feet.

Section 3

11. Technical information in section 3 of this form is normally provided by the equipment supplier or installer. The information must be accurate and reliable.
12. If the application consists of more than one frequency pair and the radio equipment is different for each frequency pair, attach details of the additional equipment to this application.
13. If the application is for a complex system, including radio paging or network an application must be submitted for each station and the application must be accompanied by an engineering brief describing all relevant technical details of the construction.

Section 4:

14. Section 4 of the application is to be completed by regulatory officials.

Applying for Spectrum License

Guidelines

Applications can be obtained from our website: www.telecommission.tc or picked up at our local office at the Business Solutions Complex, Leeward Highway, Providenciales.

When filling out the application form, print clearly and legibly. Incomplete, unclear or illegible application forms will prevent and/or delay processing.

Along with the application, the following should also be submitted:

- An official letter should be addressed to the Chairman of the Commission, describing the full and detail nature of the service to be operated and installed within the TCI.
- A Block Diagram of the proposed setup along with a full specification of all Equipment, antennas used or to be used should also be included.
- The Application Fee which should be paid to TCI Telecommunication Commission

Applications can be submitted via e-mail to info@tcitelecommission.tc or hand delivered to the administration department of the Commission. The application fee is required before processing; this fee depends on the nature of service.

Once the application has been processed and undergone the approval process, the applicant will be contacted and notified as to whether the application was approved or rejected.

If the application is approved, the applicant will be required to pay additional fees before obtaining the official spectrum license. If the applicant fails to pay the required fees within 60 days from the date of contact, the application will become void and the spectrum being held will be released. The applicant will be required to submit a new application in order to secure the spectrum assignment requested.

Our Fee Structure can be found on our website www.telecommission.tc under regulation.

Submission Instruction

Send your completed application form to:
Turks and Caicos Islands Telecommunications Commission
Business Solutions Complex,
Leeward Highway, Providenciales
Telephone: 648 946-1900
Fax: 649 946-1119
Email: info@tcitelecommission.tc