

**Form CRAN 3**  
**Application Form: Spectrum Use Licence**

*In terms of Regulation 6 of the Regulations Regarding Licensing Procedures for Telecommunications and Broadcasting Service Licences and Spectrum Use Licences, any person intending to use spectrum must submit an application in this form.*

*After completing the form, sign it and submit it to the Authority as required by Regulation 6. Documents requested must be attached and must be clearly marked.*

**A. LICENSEE**

Licensee	
ID or Registration Number of Licensee	

**B. CONTACT PERSON**

Contact Person (full and official names)	
Physical Address	
Postal Address	
Telephone number(s)	
Facsimile number(s)	
Electronic mail address(es)	

**C. OWNERSHIP INTERESTS**

Reproduce the table above and complete it for each owner who is a juristic person

Owner Name	Percentage of Ownership	Nationality of Owner

**D. RADIO FREQUENCIES APPLIED FOR:**

List the radio frequencies or groups of radio frequencies licences applied for, either uplink, downlink or both, as relevant.


**E. SERVICE LICENSE CATEGORIES: Complete the relevant part(s).**

1. Identify the type of telecommunications service licence for which the spectrum use licence is applied for:

Class ECS	
Class ECNS	
Class Comprehensive telecommunications service licence (ECS and ECNS)	

2. Identify the type of broadcasting service licence for which the spectrum use licence is applied for:

Commercial Broadcasting Service	
Community Broadcasting Service	
Public Broadcasting Service	
Signal Distribution	
Class Comprehensive Signal Distribution and Multiplex Broadcasting Service	
Multiplex Broadcasting Service	

3. Identify the type of service to be provided without a licence for which the spectrum use licence is applied for:

Private ECNS/ECS network	
Resale of ECNS/ECS	
Non-profit ECNS/ECS	
Amateur service	
Navigation and radar system service	
Alarm system service	
Emergency response system service	
Citizen band service	

**F. SERVICES INTENDED TO BE PROVIDED**

Set out a complete, accurate and concise statement of the services intended to be provided using the spectrum applied for:


**G. TECHNICAL PORTION**

Complete the relevant part(s):

1. Indicate the transmission medium(s) (e.g. terrestrial, satellite, etc.)


2. Describe the geographic coverage area(s). Indicate the radius covered by both antenna's and the transmitters. Attach a diagram of each coverage area


3. Indicate the physical address(es) where the transmitter(s) would be located and include the geographical co-ordinates, up to seconds


4. Indicate the make and model of the transmitter. Attach the specifications, including frequency requirements of the equipment and type approval certificates.


5. Indicate the modulation scheme.


6. Indicate the bit rate (bits/s).


7. Indicate the transmitter power (dBW/W).


8. Indicate the antenna make and model. Attach the specifications, including frequency requirements of the equipment and type approval certificates.


9. Indicate the description, the make and model of the relevant equipment. Attach the specifications, including frequency requirements of the equipment and type approval certificates.


10. Indicate the maximum antenna gain (dB).


11. Indicate the antenna diameter (m).


12. Indicate the antenna polarization (H/V).


13. Indicate the effective radiated power (dBW/Watt).


14. Indicate receiver sensitivity threshold (dBm).


15. Indicate fixed loss (db): transmit and receive.


16. Indicate maximum deviation (kHz).


17. Indicate the site height above sea level.


18. Indicate the mast height.


19. Indicate the antenna height on the mast.


20. Indicate the antenna direction.


21. Indicate whether mono/stereo.


22. For broadcasting licence, indicate vision carrier (MHz), sound carrier (MHz), offset (TV vision) and offset (TV sound).


H. ANY OTHER INFORMATION

Provide any other information you believe might be relevant to the Authority in considering this application.



## PLEASE NOTE:

- Certified copies of the Identity documents of the Applicant/licensee and contact person should accompany this Application Form;
- If an authorized agent completes the Application on behalf of the Applicant, such agent should submit, with the Application Form, a power of attorney, which authorizes him or her to lodge the application on behalf of the applicant;
- Please provide copies of registration documents in the event that the Applicant is a juristic person.
- The Authority may request further information or documentation, which must be provided to the Authority in the time and the manner set out by the Authority.

Signed by \_\_\_\_\_ at \_\_\_\_\_ in his/her capacity as \_\_\_\_\_, duly authorised and warranting such authority and warranting that the information provided herein is true and correct, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

## ACKNOWLEDGEMENT OF RECEIPT BY CRAN

Name	
Date	
Place	
Signature	