



INFORMATION AND COMMUNICATION TECHNOLOGIES AUTHORITY (ICTA)

Level 12, The Celicourt 6, Sir Celicourt Antelme Street Port Louis Mauritius
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APPLICATION FORM FOR TYPE APPROVAL OF RADIOCOMMUNICATION/TELECOMMUNICATION EQUIPMENT

Application made on behalf of a body corporate should be signed by a person duly authorised by the body corporate.

You are advised to read the type approval guidelines available on the website of the ICT Authority, www.icta.mu before filling in this application form.

SECTION 1: PARTICULARS OF APPLICANT	
1.1. Applicant Name:- 	
1.2. Registered Address _____ _____ _____ _____	1.3. Address for Correspondence _____ _____ _____ _____
1.4. Details of contact person for official communication	
(a) Name:-	
(b) Designation:-	
(c) Day time Tel. No.:-	
(d) Mobile No.:-	
(e) Fax No.:-	
(f) Email:-	
1.5. Please State whether Applicant is the holder of a licence issued by the ICT Authority (Tick as appropriate)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.6. Where the applicant is the holder of a licence (s) issued by the ICT Authority, please state under which licence application for type approval is being made.	
Licence(s) Name _____	
Licence Number (s) _____	
1.7 Please specify the purpose for which Type Approval is being requested	
<input type="checkbox"/> Equipment to be marketed in Mauritius	
<input type="checkbox"/> Equipment to be used by Applicant	
<input type="checkbox"/> Other (please specify) _____ _____	

SECTION 2: EQUIPMENT DETAILS

2.1 Type of Telecommunications / Radiocommunications Equipment - Please tick the box that indicates the type(s) of equipment for which Type Approval is being requested

For Telecommunications Equipment:

- | | |
|--|---|
| <input type="checkbox"/> PABX machines | <input type="checkbox"/> Free Space Optics Equipment |
| <input type="checkbox"/> Fax Machines | <input type="checkbox"/> Mobile Switching Centre Equipment |
| <input type="checkbox"/> Corded Telephones | <input type="checkbox"/> GSM / UMTS /CDMA Base Station Controller |
| <input type="checkbox"/> Cordless Telephones | <input type="checkbox"/> VSAT / Earth Station Equipment |
| <input type="checkbox"/> IP- Based PABX machines | <input type="checkbox"/> Other equipment (please specify) |
| <input type="checkbox"/> IP- Based/ VoIP Equipment | _____ |
| | _____ |

For Radiocommunications Equipment:

- | | |
|--|---|
| <input type="checkbox"/> VHF Aeronautical / Maritime Radios | <input type="checkbox"/> VHF / UHF Private Land Mobile Radios |
| <input type="checkbox"/> Other Maritime / Aeronautical Radiocommunication equipment (please specify) | <input type="checkbox"/> MF/HF SSB Land Mobile Radios |
| _____ | <input type="checkbox"/> Wireless Access System Equipment |
| <input type="checkbox"/> Satellite Distress Beacons | <input type="checkbox"/> GSM / UMTS / CDMA Base Station |
| <input type="checkbox"/> UHF / HF Citizen Band Radios | <input type="checkbox"/> Fixed Radio Relay Link Equipment |
| <input type="checkbox"/> Cordless Telephones | <input type="checkbox"/> VSAT / Earth Station Equipment |
| <input type="checkbox"/> Mobile Phones | <input type="checkbox"/> Low Power Devices Not covered by the above |
| | <input type="checkbox"/> Other equipment (please specify) |
| | _____ |
| | _____ |

2.2 Please specify the exact Make and Model of Equipment for which type approval is being sought

Make: _____

Model: _____

2.3. For GSM /UMTS mobile phones, please specify the Type Approval Code (TAC) (first eight digits of IMEI number) of the mobile phone

2.4 Please specify the operating frequency range and channel spacing of Radio communication Equipment

Operating Frequency Range: _____

Channel Spacing: _____

2.6 Documentation Enclosed

- Technical Brochure (required)
- User operating Manual (optional)
- Declaration of Conformity issued by manufacturer ¹
- Test Reports / Certificate of conformity issued by independent laboratories/ test houses
- Other (please specify) _____

2.7 Please specify with which international standards the equipment complies

- Electromagnetic Compatibility _____
- Safety _____
- SAR Limit (For mobile phones) _____
- Efficient Use of Frequency Spectrum _____
- Interconnection with PSTN / ISDN _____

SECTION 3: PARTICULARS OF MANUFACTURER

3.1. Company Name:-

3.2. Registered address

DECLARATION

I agree to comply with any terms, conditions or restrictions which the Information and Communication Technologies Authority may impose and to be bound by the laws and regulations in force.

Company's stamp

Applicant's signature:

Signatory's name:

Date:

FOR OFFICE USE

Special comments

Date approved:

Signature:
For Director of Engineering/Licensing
(Information & Communication Technologies Authority)

¹ While the manufacturer's Declaration of Conformity or a Conformity Certificate from an accredited laboratory / Notified Body is usually considered sufficient for type approval purposes, the applicant may be requested to submit full test reports in case the ICT Authority considers that the information in the Declaration of Conformity or a Conformity Certificate is incomplete or insufficient.