



INFORMATION AND COMMUNICATION TECHNOLOGIES AUTHORITY (ICTA)

Level 12, The Celicourt 6, Sir Celicourt Antelme Street Port Louis Mauritius
Tel.: (230) 211 5333/4 Fax: (230) 211 9444 email: icta@intnet.mu

APPLICATION FORM FOR PRIVATE MOBILE RADIO LICENCE

Please complete in **BLOCK** letters.

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

Any payment made by cheque should be drawn to the order of the Information and Communication Technologies Authority.

NB: Please note that where an application form is incomplete or where supporting documents/information have not been provided, the said application for licence, may not be considered by the Authority.

PARTICULARS OF APPLICANT	
Name:.....	Occupation/Type of Business:.....
Address:.....	
Telephone No.:.....	Fax No.:..... Business Registration No.:.....
Contact Person:.....	
If for Personal use , please insert a tick in the box <input type="checkbox"/>	

DESCRIPTION OF USAGE
<input type="checkbox"/> PMR apparatus operating in the Land Mobile Service
<input type="checkbox"/> Handheld VHF apparatus operating in the Maritime Mobile Service*
*(Applicable only for Portable Radio (RA43) which complies with European / International Standards with respect to VHF Marine Equipment
Please provide a detailed description of the usage to be made of the Private Mobile Radio.
(Provide on a separate sheet the network layout, if applicable)
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.....
.....
.....

REQUIREMENTS

Type of installation (tick as appropriate and specify quantity):

<input type="checkbox"/> Portable Radio (RA43)	Qty:.....	<input type="checkbox"/> Mobile Radio (RA43)	Qty:.....
<input type="checkbox"/> Base Station (RA12)	Qty:.....	<input type="checkbox"/> Repeater Station (RA13)	Qty:.....

Coverage Range:..... Hours of service:.....

Specific location address:.....

(For Portable Radio, please provide exact address where radio will be operated)

(For Mobile Radio, please provide vehicle registration number)

(For Base & Repeater Station, please provide location in terms of latitude and longitude)

Tick as appropriate:

<input type="checkbox"/> New network	<input type="checkbox"/> Extension to an existing network
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SPECIFICATIONS OF INSTALLATION TO BE FILLED BY SUPPLIER

Supplier:.....	Make:.....
Type approval reference:.....	Model:.....
Effective Isotropic Radiated Power:.....	Channel spacing:.....
Antenna type:.....	Antenna gain:.....

NB: Serial Number to be communicated to the ICT Authority within 15 days of the sale of the Private Mobile Radio to Licensee.

DECLARATION

I declare that we have not commenced provision/operation of any of the Private Mobile Radio applied for in this application and all information in this application form is true and correct. I agree to comply with any terms and conditions which the Information and Communication Technologies Authority may impose and to be bound by the laws and regulation in force.

Company's stamp

Applicant's signature:.....

Signatory's name:.....

Date:.....

FOR OFFICE USE

Amount received:..... Licence Registration No.:.....

Simplex Frequency:.....MHz Duplex Frequency: Tx:.....MHz

Rx:.....MHz

CTCSS (PL) Code:.....Hz

Special comment:.....

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Date approved:..... Signature:.....

For Director of Engineering/Licensing
(Information and Communication Technologies Authority)