



COMPLIANCE RETURN FORM

TELECOMMUNICATIONS TECHNICAL PERSONNEL

PURSUANT TO THE PROVISIONS OF THE KICA 1998, THE REGULATIONS 2010 AND THE TECHNICAL PERSONNEL LICENSE CONDITIONS

Please note that the latest version of this form must be downloaded from the Authority's website at the end of each year in order to capture any official amendments

Instructions

- a) *Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form.*
 - b) *The returns will only be accepted if the form is the most up to date as posted on the CA website. Always download the forms for every submission since reviews are made often to ensure responsiveness.*
 - c) *A compliance certificate will not be issued if the compliance returns are submitted late or rejected by the authority.*
-

1. GENERAL INFORMATION

1.1 Licence Details

Name of Licensee: _____

License No: _____

1.2 Period under review

FINANCIAL YEAR _____ *(based on Government of Kenya Financial year e.g. 2020/2021)*

1.3 Address

1. Physical Address:

Town _____ Street/Road _____

Floor No. _____ Room No. _____

Name of Building _____

2. Postal Address:

P. O. Box _____ Postal Code _____

Post Office Town _____

3. Phone and Fax Contact:

Tel. No. _____

Mobile No. _____ Other Tel. Nos. _____

4. Email and Web Address:

Email address: _____

Web Address: _____

Did any of the address information change during the year? (Tick as appropriate) Yes No

(If YES attach a letter documenting the change in address)

2. DETAILS OF INSTALLATIONS

No	Type of equipment (IP, Network, Voice Data, Internal and External Cabling, Radio, LAN etc	Make, Model & Capacity	Client name and Postal address	County, Town	Client's coordinates, Physical Address (Estate, Street Name Number of Building, Wing, Floor, Room etc)	Date of Commenceme nt of Work	Date of Completion Of Work	Contractor supervising the project
1.								
2.								
3.								
4.								
5.								

ENVIRONMENTAL SUSTAINABILITY REQUIREMENTS

Form 1: Measurement of Electromagnetic Fields Exposure

Service Provider /Site Owner			
Date of Measurement			
Site Name			
Site location (county, Sub-County, Town /Village			
Site Coordinates			
Site Frequency			
Site Service (Broadcasting/Telecommunication /PMR			
Distance to the transmitting antenna and Rational for distance selection			
Type of measurement (broadband RF EMF measurement/ frequency selective RF EMF measurement			
	Power Density W/m ²	Electric Field	Magnetic Field A/m
Measurements Values			

Form 2: Dimensions for evaluation of telecom service provider efforts toward ICT carbon footprint reduction

No	Metric	Total Number	Metric Number	Percentage of Metric to Total Number	percentage for previous year (N/A for first year reporting)
1.	Green ICT sites				
2.	Shared ICT sites				
3.	Smart ICT sites				
4.	Cloud [Public Data Centre hosted Services				

Definitions:

Green ICT Sites: - Refers to a site that is purely off grid and uses renewable energy like wind and solar

Shared ICT Sites: - Refers to telecommunication installations where service providers either co locate or shares passive/active infrastructure.

Smart ICT Sites: - These are telecom/broadcast installations with sensors that are used for controlling site utilities and enabling remote monitoring and control.

Form 3: Dimensions for evaluation of postal/courier service provider efforts toward ICT Carbon footprint reduction

No	Metric	Total Number	Metric Number	Percentage of Metric to Total Number	percentage for previous year (NA for first year reporting)
1.	Outlets using green power				
2.	Green power Last mile delivery vehicles/scooters/bicycles				
3.	Letters/articles sent using Franked envelopes or non physical stamps				

Definitions:

Green Power:- energy reduced from solar/wind

3. **COMMENTS/ SUGGESTIONS**

Please indicate challenges and suggestions to improve the regulatory environment.

Signed.....

Name.....

Title.....

Date.....

THANK YOU FOR COMPLETING THE FORM

FOR OFFICIAL USE ONLY– DO NOT FILL BELOW THIS LINE

These returns have been :)

	Checked By:	Verified by:	Approved <input type="checkbox"/> Rejected <input type="checkbox"/> (Tick as appropriate)
Name			
Title			
Signature			
Date			