

Application for Frequency Assignment in the Digital Terrestrial Television Broadcasting Service  
CA/F/FSM/05

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Serial No.....

1. **Administrative details:**

- a) Name of the organisation (or individual).....  
Nationality..... ID/PP No.....  
Postal address.....  
Business Telephone..... Email .....
- b) Physical Location: Road/Street..... Building..... LR No.....
- b) Name and postal address of the local supplier (if any) .....
- Postal address.....  
Business Telephone..... Email.....
- c) Authorised broadcast area(s).....
- d) Name of person / organisation responsible for payment of bills.....

2. **Transmit Site Details:**

- a) **Transmitter site details:**
  - i) Location.....
  - ii) Land registration number. ....
  - iii) Road/Area .....
  - iv) Geographical co-ordinates:  
Latitude : deg..... min..... sec.....(N/S)  
Longitude: deg..... min ..... sec.....(E)
  - v) Altitude above sea level (in metres).....
  - vi) Relative height around a 15 kilometre radius.....

3. **Transmitter Equipment Details:**

- a) **Equipment and performance details:**
  - i) Manufacturer .....
  - Model .....
  - ii) Carrier output power (dBW).....
  - iii) Effective radiated power (dBW) .....
  - iv) Television System .....
  - v) Modulation Scheme .....
  - vi) RF bandwidth.....
  - vii) IF bandwidth at -3dB level.....
  - viii) RF Filter Loss.....
- b) **Transmit antenna details:**
  - i) Type of transmit antenna.....
  - ii) Antenna height above ground level.....
  - iii) Relative antenna height around a 15 kilometre radius.....
  - iv) Polarization.....
  - v) Radiation pattern :
    - a) Omnidirectional: (YES or NO) .....
    - b) If not omnidirectional provide the following details:
      - i. Azimuth of the main lobe.....



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- ii. Angular beam width of the main lobe at the 3 dB point .....
- iii. Radiation suppression at every 10° ( use a separate sheet of paper)
- vi) Antenna gain in dBi .....

c) **Feeder:**

- i) Feeder Type.....
- ii) Feeder Length .....m
- iii) Attenuation Per Metre.....dB
- iv) Total Feeder Loss.....dB

4. **Miscellaneous**

- i) Proposed date of commencement of service.....

**Applicants Declaration:**

I declare that the above information is true to the best of my knowledge

Contact person..... Designation:..... Date..... Signature:.....

**Confirmation by your Radio Vendor/Local Supplier:**

I confirm that the above information is true to the best of my knowledge

Radio Vendor ..... Technical Personnel’s Name.....

P.O. Box ..... Technical Personnel’s Licence No.....

Date ..... Signature.....

Official Stamp.....