



Application for Frequency Assignment in the Sound Broadcasting Radio Communication Service.
CA/F/FSM/04

Serial No.....

1. Administrative Details:

- a) Name of the organisation (or individual)
Nationality..... ID / PP No.....
Postal address.....
Business telephone..... Email.....
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 broadcasting area
d) Name of person / organisation responsible for payment of bills.....

2. Transmitter Site Details:

- i) Name.....
ii) LR. No.
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 15 kilometre radius.....

3. Transmitter Equipment Details:

- a) Equipment and performance characteristics.
i) Name of Manufacturer.....
Make.....
Model.....
ii) Carrier output power.....
iii) Effective Radiated Power (dB W).....
iv) RF bandwidth..... kHz
v) RF Filter Loss..... dB
b) Transmit Antenna Details:
i) Type of 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:
1. Azimuth of the main lobe.....



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- 2. Angular beam width of the main lobe at the 3 dB point.....
vi) Antenna gain in dBi.....
vii) Estimated Antenna losses (splitter, harnesses, null fill losses) in dB.....

c) Feeder:

- i) Feeder type.....
ii) Feeder length.....m
iii) Attenuation per metre.....dB
iv) Total feeder loss.....dB

4. Band Pass Filter Details:

- i) Name of Manufacturer.....
Make.....
Model.....
ii) Return loss over the frequency range fc ± 100 KHz.....
iii) Return loss outside the frequency range fc ± 1 MHz.....
Where fc = Centre Frequency

5. 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.....