

# Community Broadcast Frequency Authorisation Application Form

Under section 33.1 of the Telecommunications Act No 8 of 2000

**Commonwealth of Dominica**

**Applicant:** \_\_\_\_\_

*Please tick (✓) appropriate box:*

**Broadcast:**

**Community Radio (FM)**

**Community Television**

**Type of Application:**

New Application

Application to Modify/Amend

Application to Renew Licence

**National Telecommunications Regulatory Commission**

20 Cork Street, 2<sup>nd</sup> Floor  
P O Box 649  
Roseau  
Commonwealth of Dominica

**Guidance Notes**

- This application form can be used for first issue, modification/amendments and renewal of licences.

Two (3) copies of the completed application form should be submitted in an envelope clearly marked "Broadcast Station Application" addressed to the Executive Director, National Telecommunications Regulatory Commission, 20 Cork Street, 2<sup>nd</sup> Floor, P O Box 649, Roseau, Commonwealth of Dominica.

- The completed application form must be accompanied by a fee of Two Hundred Eastern Caribbean Dollars (EC\$200), payable to the National Telecommunications Regulatory Commission, Commonwealth of Dominica.
- For renewal or modification of licence(s), please attach a copy of the existing licence to completed application form.
- For questions or sections that are not applicable, write "NOT APPLICABLE" in bold or in print.
- Please note that any word, phrase or expression used herein shall have the same meaning as it has in the Telecommunications Act No. 8 of 2000.
- Applications should include schematic of the proposed network where appropriate
- Copies of technical details of equipment and approval certificates may be requested. (Photocopies of technical specifications of equipment should be attached)

**PART 1 – THE APPLICANT**

(Please complete fully in type or block letters)

1.1 Contact Details

1.1.1 Name of applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.1.2 Address of applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.1.3 Telephone number: \_\_\_\_\_

1.1.4 Fax Number: \_\_\_\_\_

1.1.5 Email address: \_\_\_\_\_

1.1.6 Company Registration Number: \_\_\_\_\_

1.1.7 Occupation: \_\_\_\_\_

**PART II - Licence Details**

2.1 Select as appropriate

New Licence

Modification/Amendment

Renewal

2.2 Licence No.<sup>1</sup> \_\_\_\_\_

2.3 Station Identifier.<sup>2</sup> \_\_\_\_\_

2.4 Place of Issue: \_\_\_\_\_

2.5 Date of Issue: \_\_\_\_\_

<sup>1</sup> For Renewal, Amendment or Modification of licence.

<sup>2</sup> Optional, applicants for Radio broadcast may wish to include the station identifier.

**PART III – Technical Details**

3.1 Details of Equipment: (Radio AM, Radio FM, Community Radio FM and Over the Air Television)

(Please attach copies of technical specifications of equipment)

3.1.1 **Transmit Station**

	1	2	3	4
Transmitter Site (Long/Lat)				
Transmit Power (W)				
Band width (MHz)				
Bands to be used				
Radio Make and Model				
TX Low Frequency Limit				
TX High Frequency Limit				
RX Low Frequency Limit				
RX High Frequency Limit				
Ant. Make and Model				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				
Ant. Gain (dBi)				
Polarization				
Ant height (M)				
Ant directivity				

**3.1.2 Studio to Transmitter Link (STL) and/ Outside Broadcast (OBS)**

(Indicate at the top of the columns whether the data refers to a STL or an OBS)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Station Type (STL or OBS)				
Station Name/Location				
Longitude				
Latitude				
Ant. Make and Model				
Ant. EIRP (dBm)				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				
Ant. Gain (dBi)				
Polarization				
<b>Equipment</b>				
Equipment Make and Model				
Equipment TX Low Frequency Limit				
Equipment TX High Frequency Limit				
Equipment RX Low Frequency Limit				
Equipment RX High Frequency Limit				
<b>Station</b>				
Station ERP				
Station TX Power				
Stations Antenna height				
Band width Frequency				
Number of Channels				

Details of Equipment: (Subscriber Television)

3.2.1 **Video Output**

Channel Bandwidth	
Channel Configuration	
Minimum signal level at TV input	
Minimum Carrier/Noise	
Visual carrier frequency	
Aural frequency deviation	
Signal to inter-modulation ratio	
Radiation level	
Line amplifier voltage	
Permissible variation of visual carrier level	
(a) Over 24 Hours	
(b) Between two adjacent channels	
(c) Between any two channels	
(d) Frequency response (each channel)	

**PART IV - DECLARATION<sup>3</sup>**

(Delete the option that does NOT apply)

(Delete the option that does NOT apply)

On behalf of the applicant, I / I declare that the information provided is accurate and complete in all respects.

Signed

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**Full name of signatory:**

**Position held:**

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**Date:** - \_\_\_\_\_