



**Instructions for completion**

- Print clearly, unclear or incomplete application forms may delay processing of your license.
- Applicant's details will be treated as confidential.
- Note that the Office of the Regulator will not issue a licence unless all relevant fees are paid.

**Disclosure of Personal Information**

Information provided by the applicant or authorised representative in all fields of this form is required. Submitting this form without all information required will delay the process. The Regulator's office may ask for the application to be resubmitted if it does not contain all of the required information.

**Details**

**Name** (or contact name if an organisation)

**Contact Details**

[Name]	[Phone]
[Address]	[Fax]
	[Email]

**Proposed Service Type**

Please tick most appropriate

**MOBILE**

**FIXED (base or repeater)**

[Land]	<input type="checkbox"/>	[Land]	<input type="checkbox"/>
[Aeronautical]	<input type="checkbox"/>	[Aeronautical]	<input type="checkbox"/>
[Maritime]	<input type="checkbox"/>	[Maritime]	<input type="checkbox"/>

**Client type**

TICK RELEVANT BOX

- Government Ministry
- Other Commonwealth agency
- Church
- Community Services

*Private sector*

- Company
- NGO

**Industry category**

TICK BOX DESCRIBING YOUR PRIMARY FUNCTION

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture                   | <input type="checkbox"/> Environment     |
| <input type="checkbox"/> Communication services        | <input type="checkbox"/> Meteorology     |
| <input type="checkbox"/> Construction                  | <input type="checkbox"/> Shipping/Port   |
| <input type="checkbox"/> Education                     | <input type="checkbox"/> Safety services |
| <input type="checkbox"/> Electricity/gas/water supply  | <input type="checkbox"/> Health          |
| <input type="checkbox"/> Finance and insurance general | <input type="checkbox"/> Church          |
| <input type="checkbox"/> Police/Fire Services          | <input type="checkbox"/> Other           |

**Trunking Mobile System Licence Application Details**

Type of Radio System Required:	<input type="checkbox"/> Analogue	<input type="checkbox"/> Digital	
Area of Coverage Required	<input type="checkbox"/> On site	<input type="checkbox"/> Other	
Number of Channels required			
Transmission type	<input type="checkbox"/> Voice	<input type="checkbox"/> Voice / Data	<input type="checkbox"/> Data
Does this facility have an Antenna Combiner System with	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Cavity Resonators and Filters?			
If YES please attach a Block Diagram. Block Diagram attached?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>1. Number of Repeater Station</b> <i>If more than one repeater station is in operation, section 2 must be completed for each additional station</i>			
<b>2. Repeater Station Co-ordinates</b>		DD      MM      SS Longitude: _____ Latitude: _____	
<b>3. Repeater Station Address</b>			
[Brand] (type & model)		[Brand] (type & model)	
[Antenna Gain] (in dBi)		[Type Approval #]	
[Height] (above ground level)		[Preferred frequency band]	
[Pointing Azimuth]		[Maximum Output Power (ERP)]	dBW
[Beamwidth (3dB)]		[Bandwidth] (3dB limits)	
		[Modulation Type]	

### Frequency Information Requested

Repeater Facilities that this mobile will work into	[Location]
<b>DUBLEX OPERATION</b>	
[Transmit Frequency Requested]	[Receive Frequency Requested]
<b>SIMPLEX OPERATION</b>	
[Preferred Frequencies]	

### Mobile Identification Details

<b>Vehicle Registration or Network Identity</b>	
[Ship Station]	[Aircraft Station]
[Ship Name]	[Aircraft Registration Marking]

### For Multiple Number of License

[Number of License required] <input type="text"/>	[Number of Existing License Held] <input type="text"/>
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## Duration of License

### Please tick where appropriate

Licences issued for periods up to, and including, one year must be paid for in full at the time of application. Licences issued for shorter or longer periods than 1 year may be paid for in full at the time of application. Licences are usually issued for one year and renewed thereafter.

[1 year] <input type="checkbox"/>	[Less than 1 year] <input type="checkbox"/>	[More than 1 year] <input type="checkbox"/>
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## Payment of fees

I enclose the fee by cheque/cash

### Important notes on payment of fees:

- Where the correct payment does not accompany an application, the Office of the Regulator will notify the applicant of fees payable. The relevant fees are **to be paid prior to receiving licence**. Should fees not be paid by the due date, the Regulator in his power given by the telecommunications Act will consider refusing the application and the frequency may become available for assignment to other services. Cheques should be made payable to the **Office of the Regulator**.
- Consideration of an application may attract an administrative charge, even if the Office of the Regulator refuses to issue the licence.
- To avoid delays in processing, completed forms should be forwarded with the appropriate fee to:  
The Regulator  
Office of the Regulator  
Private Bag  
Apia, Samoa  
Telephone: (685) 30282  
Facsimile: (685) 30281  
Email : [spectech@regulator.gov.ws](mailto:spectech@regulator.gov.ws)

## Declaration

I declare that the information in this application and in any accompanying documents provided by me as a person authorised by the applicant is true and correct in all details, and that the equipment to be employed is of a type approved by the regulator for this purpose.

In accordance with the Telecommunications Act 2005 Part V, I hereby apply for the grant of a licence for the installation, operation or use of the radiocommunications apparatus described herein.

[Signature]
[Print Name]
[Date] ____/____/____
[Position Held]
[Organisation]