APPLICATION FOR A RADIOCOMMUNICATIONS LICENCE (FIXED SERVICE – BROADCASTING)

Form FIX02

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.
- **This form is to be used for applications involving fixed point to point or fixed point to multipoint radio link facilities.**

Frequency Selection and Coordination

The Regulator's office will assign the frequencies and perform the coordination analysis examining the potential for interference to or from other licensed services. This will be done according to the procedures and requirements specified in Regulator's document titled: **Fixed Microwave Services Bands in Samoa**. The licence will be issued only if the analysis shows that coordination has been achieved.

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]

Service Type

Please tick most appropriate

[Sound Broadcasting AM]	☐	[Television Broadcasting Station]	☐
[Sound Broadcasting FM]	☐		

Client type

TICK RELEVANT BOX

- ☐ Government Ministry
- ☐ Another Commonwealth agency
- ☐ Church
- ☐ Community Services

Private sector

- ☐ Company
- ☐ NGO

Industry category

TICK BOX DESCRIBING YOUR PRIMARY FUNCTION

- ☐ Agriculture
- ☐ Communication services
- ☐ Construction
- ☐ Education
- ☐ Electricity/gas/water supply
- ☐ Finance and insurance general
- ☐ Police/Fire Services
- ☐ Environment
- ☐ Meteorology
- ☐ Shipping/Port
- ☐ Safety services
- ☐ Health
- ☐ Religion
- ☐ Other

Description of Service

[Coverage Area] (Describe boundaries or attach map)	Map attached?
	YES ☐
	NO ☐

	Is this a translator to extend the range or coverage of another service?
	YES ☐
	NO ☐
	Program Source
	STL from studio ☐
	Off air Translator ☐

Frequency Selection & Coordination

TV services are pre-planned to minimise interference issues in each service area. A channel must be assigned from the group of channels planned for that area. For radio services a frequency will be assigned to minimise the potential for interference to or from other services.

[Preferred Frequency or Channel Number]		
[Address]	**SITE COORDINATES**	
	[Latitude]	
	[Longitude]	
	[Altitude ASL]	
Does this facility have an Antenna Combiner System with Cavity Resonators and Filters?	YES ☐	NO ☐
If YES please attach a Block Diagram. Block Diagram attached?	YES ☐	NO ☐

ANTENNA		**TRANSMITTER**	
[Brand] (type & model)		[Brand] (type & model)	
[Gain] (in dB)		[Type Approval #]	
[Height] (above ground level)		[Preferred frequency band]	
[Directional Characteristics]		[Maximum Output Power (ERP)]	dBW
[Beam tilt]		[Bandwidth] (3dB limits)	

Equipments Details – Location 1

Please Note:

- Link facilities will have two ends at different sites; broadband wireless cellular systems may have one or more locations.
- Effective Radiated Power ERP is the sum of the transmitter power in dBW = 10 log Power (watts) + the antenna gains in dB – feeder losses in dB.

[Site Name]	[Site Coordinates]	
[Address]	[Latitude]	
	[Longitude]	
	[Altitude ASL]	
Does this facility have an Antenna Combiner System with Cavity Resonators and Filters?	YES ☐	NO ☐
If YES please attach a Block Diagram. Block Diagram attached?	YES ☐	NO ☐

ANTENNA **TRANSMITTER**

[Brand] (type & model)		[Brand] (type & model)	
[Gain] (in dB)		[Type Approval #]	
[Height] (above ground level)		[Preferred frequency band]	
[Pointing Azimuth]		[Maximum Output Power (ERP)]	dBW
[Beamwidth (3dB)]		[Bandwidth] (3dB limits)	
		[Modulation Type]	

Frequency Equipments Details – Location 2

[Site Name]	[Site Coordinates]	
[Address]	[Latitude]	
	[Longitude]	
	[Altitude ASL]	
Does this facility have an Antenna Combiner System with Cavity Resonators and Filters?	YES ☐	NO ☐
If YES please attach a Block Diagram. Block Diagram attached?	YES ☐	NO ☐

ANTENNA **TRANSMITTER**

[Brand] (type & model)		[Brand] (type & model)	
[Gain] (in dB)		[Type Approval #]	
[Height] (above ground level)		[Preferred frequency band]	
[Pointing Azimuth]		[Maximum Output Power (ERP)]	dBW

[Beamwidth (3dB)]		[Bandwidth] (3dB limits)	

Payment of fees

[☐] I enclose the fee by cheque/cash

Important notes on payment of fees: Band

- 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.** The Regulator in his power given by the Telecommunications Act will consider refusing the application if not all required documents provided. Cheques should be made payable to the **Office of the Regulator.**

- An annual license fee applies.

- 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

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]