

**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 Office of the Regulator will assign the frequencies and perform the coordination analysis examining the potential for interference to or from other licensed services.

**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

**YES NO**

[Does this Earth station transmit up-links to a satellite?]	<input type="checkbox"/>	<input type="checkbox"/>
[Is the satellite(s) used by this earth station in a geostationary orbit?]	<input type="checkbox"/>	<input type="checkbox"/>
[Is the satellite in the Fixed Satellite Service ( FSS) or the Mobile Satellite Service (MSS) ?]	<input type="checkbox"/>	<input type="checkbox"/>
[Does the Antenna/Dish of the earth station move to point to different satellites?]	<input type="checkbox"/>	<input type="checkbox"/>
[Name the satellites with which this earth station communicates with?]		
[If GSO, give Orbital Positions]		

**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"/> Religion        |
| <input type="checkbox"/> Police/Fire Services          | <input type="checkbox"/> Other           |

**Description of Service**

[Describe the services provided through the Earth station. For example are they commercial, diplomatic, military, broadcasting, weather, scientific, feeder links for another service, private, etc]

**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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**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 gain 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 <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please attach a Block Diagram. Block Diagram attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**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 any interference protection system to protect the receiver?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please attach a details. Details attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### ANTENNA

[Brand] (type & model)	
[Dish Diameter]	
[Gain]	
[G/T]	
[Height] (above ground level)	
[Pointing Azimuth]	
[Beamwidth (3dB)]	

### UPLINK

[Centre Frequency]	
[Bandwidth]	
[Azimuth]	

[Elevation]	
[ERP]	
[Modulation Type]	
[Beamwidth (3dB)]	

#### DOWNLINK

[Centre Frequency]	
[Bandwidth]	
Footprint Diagram Attached]	

#### 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**. 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 if fees are not paid. 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](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]