



**NATIONAL COMMUNICATIONS AUTHORITY
(NCA), GHANA**

**Digital Video Broadcasting
Authorisation
NCA FORM AP03C**

Application Fee
Receipt No:

(Please attach Receipt)

Date:

(Submission Date)

Application Checklist. Tick (x) in box

- A completed application form
- Cover Letter
- Any other Supporting Documents – Please list
- Please refer to Section 8 for required documents

Application Form for Digital Video Broadcasting Authorisation

Type Of Application

New

Renew

Modify

Cancel

- In case of **New license application**, please fill all sections below except section 8.

- In case of **Modifying a license**, please fill the license number and the sections to be modified.

- In case of **Renew or Cancel** please fill all sections below.

License Number: _____

(In case of Modifying a license)

Digital Video Broadcasting Service

- (i) Digital Terrestrial Pay Television (Service only)
- (ii) Digital Terrestrial Pay Television (Service and Network)
- (iii) Digital Terrestrial Television Network only
- (iv) Digital Terrestrial Free-to-Air Television Programme Channel
- (v) Digital Terrestrial Radio Service on TV Multiplex
- (vi) Satellite Television Broadcasting (Pay TV Direct-to-Home Bouquet)
- (vii) Satellite Television Broadcasting (Free-to-Air Direct-to-Home Bouquet)
- (viii) Satellite Television Broadcasting (Free-to Air Direct-to-Home Single Channel)
- (ix) Digital Terrestrial Television additional Services (eg. Teletext, etc)
- (x) Digital Terrestrial Mobile Television Service
- (xi) Digital Cable Television
- (xii) Television over Internet Protocol

Technology *(Applies to ONLY DAB)*

Single Frequency Network (SFN)

Multiple Frequency Network (MFN)

Coverage *(Applies to ONLY (ii), (iii) & (iv) above. Coverage of the rest are classified as Nationwide)*

Regional Nationwide

For DTT Free To Air Programme Chanel, please provide particulars of Network Operator:

1. Name:
2. Location:

Regions *(Applies to ONLY Regional Coverage)*

- | | | | |
|----------------------|--------------------------|----------------------|--------------------------|
| Greater Accra Region | <input type="checkbox"/> | Eastern Region | <input type="checkbox"/> |
| Ashanti Region | <input type="checkbox"/> | Central Region | <input type="checkbox"/> |
| Western Region | <input type="checkbox"/> | Western North Region | <input type="checkbox"/> |
| Bono Region | <input type="checkbox"/> | Bono East Region | <input type="checkbox"/> |
| Ahafo Region | <input type="checkbox"/> | Volta Region | <input type="checkbox"/> |
| Oti Region | <input type="checkbox"/> | Savanna Region | <input type="checkbox"/> |
| Northern Region | <input type="checkbox"/> | North East Region | <input type="checkbox"/> |
| Upper East Region | <input type="checkbox"/> | Upper West Region | <input type="checkbox"/> |

1.0 Administrative Information (to be filled by Applicant)

Licensee/Applicant Name

User ID

(Fill "Applicant Identification form", in case you are a new applicant or you do not have your User ID) /

Authorized Person

Technical Contact

2.0 Geographical information

2.1 Location

2.2 Station Address

2.3 Longitude*

E/W
Deg. Min. Sec.

2.4 Latitude *

N
Deg. Min. Sec.

3.0 Station Specific Technical Informationn

3.1 Modulation Type *

 QPSK 16-QAM 64-QAM

3.2 Code Rate *

 1/2 2/3 3/4 5/6 7/8

3.3 Reception Mode *

 Fixed Portable outdoor Portable indoor Mobile

3.4 Type of Spectrum Mask *

 Non-Critical Sensitive

3.5 Effective Radiated power (W) *

3.6 Antenna height AGL (m) *

4.0 Equipment Details

4.1 Manufacturer of Transmitter *

4.2 Model of Transmitter *

4.3 Manufacturer of Filter *

4.4 Model of Filter *

5.0 Antenna details

5.1 Manufacturer *

5.2 Model *

5.3	Antenna gain (dBi) *																																																																									
5.4	Polarization	<input type="checkbox"/> H - Horizontal <input type="checkbox"/> M - Mixed <input type="checkbox"/> V - Vertical																																																																								
5.5A	Directivity	<input type="checkbox"/> Omni <input type="checkbox"/> Directional																																																																								
5.5B	In case of directional Antenna, Please fill the Antenna Radiation Pattern details below or provide a soft copy of the antenna pattern txt file																																																																									
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p style="font-size: small;">9NH/Attenuation at different azimuths of the horizontally polarized component with respect to maximum e.r.p. of the horizontally polarized component, dB (do not fill in if the antenna is non-directional)</p> <table style="width: 100%; text-align: center;"> <tr><td>0°</td><td>180°</td></tr> <tr><td>10°</td><td>190°</td></tr> <tr><td>20°</td><td>200°</td></tr> <tr><td>30°</td><td>210°</td></tr> <tr><td>40°</td><td>220°</td></tr> <tr><td>50°</td><td>230°</td></tr> <tr><td>60°</td><td>240°</td></tr> <tr><td>70°</td><td>250°</td></tr> <tr><td>80°</td><td>260°</td></tr> <tr><td>90°</td><td>270°</td></tr> <tr><td>100°</td><td>280°</td></tr> <tr><td>110°</td><td>290°</td></tr> <tr><td>120°</td><td>300°</td></tr> <tr><td>130°</td><td>310°</td></tr> <tr><td>140°</td><td>320°</td></tr> <tr><td>150°</td><td>330°</td></tr> <tr><td>160°</td><td>340°</td></tr> <tr><td>170°</td><td>350°</td></tr> </table> </div> <div style="border: 1px solid black; padding: 5px; width: 45%;"> <p style="font-size: small;">9NV/Attenuation at different azimuths of the vertically polarized component with respect to maximum e.r.p. of the vertically polarized component, dB (do not fill in if the antenna is non-directional)</p> <table style="width: 100%; text-align: center;"> <tr><td>0°</td><td>180°</td></tr> <tr><td>10°</td><td>190°</td></tr> <tr><td>20°</td><td>200°</td></tr> <tr><td>30°</td><td>210°</td></tr> <tr><td>40°</td><td>220°</td></tr> <tr><td>50°</td><td>230°</td></tr> <tr><td>60°</td><td>240°</td></tr> <tr><td>70°</td><td>250°</td></tr> <tr><td>80°</td><td>260°</td></tr> <tr><td>90°</td><td>270°</td></tr> <tr><td>100°</td><td>280°</td></tr> <tr><td>110°</td><td>290°</td></tr> <tr><td>120°</td><td>300°</td></tr> <tr><td>130°</td><td>310°</td></tr> <tr><td>140°</td><td>320°</td></tr> <tr><td>150°</td><td>330°</td></tr> <tr><td>160°</td><td>340°</td></tr> <tr><td>170°</td><td>350°</td></tr> </table> </div> </div>		0°	180°	10°	190°	20°	200°	30°	210°	40°	220°	50°	230°	60°	240°	70°	250°	80°	260°	90°	270°	100°	280°	110°	290°	120°	300°	130°	310°	140°	320°	150°	330°	160°	340°	170°	350°	0°	180°	10°	190°	20°	200°	30°	210°	40°	220°	50°	230°	60°	240°	70°	250°	80°	260°	90°	270°	100°	280°	110°	290°	120°	300°	130°	310°	140°	320°	150°	330°	160°	340°	170°	350°
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6.0 Implementation Plan		Start Date	End Date
6.1	Site Acquisition for studio and transmission system		
6.2	Procurement of Equipment for studio and transmission system		
6.3	Installation of Equipment for studio and transmission system		
6.4	Engineering Test *		
6.5	Invitation for Inspection		

7.0 License(s) List
(fill only in case of Renew or Cancel)

#	7.1	7.2
	License Number	Date of Expiry
		___ / ___ / ____
		___ / ___ / ____
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8.0 Attached Documents (to be attached by Applicant)

Document Name	Check if attached
Evidence of the Financial Resource to establish the station (First time applicant only)	
Five (5) years Audited Financials Statement (Renewal application only)	
Evidence of community support (Applicable to community radio applicant)	
Tax Clearance Certificate (Renewal only)	
SSNIT Clearance Certificate (Renewal only)	
Any Other Relevant Document(s)	

9. Undertaking:

I/We hereby certify that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Licence/Authorisation, I/We shall abide by the terms and conditions upon which the Licence/Authorisation is granted. I/We accept that my/our Licence/ Authorisation may be revoked and the appropriate penalty/ penalties applied if it is established that I/We have been granted Licence/Authorisation based on incorrect information. I/We further undertake to abide by all existing ITU Regulations and Communications laws of the country as well as other rules, regulations and directives that may be issued.

Date of Submission: ___ / ___ / ____
dd / mm / yy

Signature of Authorised Representative/Seal:

10. For Administrative use Only

Customer ID

Name of Employee who received the application

Date of Application receipt: ___/___/___
dd / mm / yy

Signature/Seal: