



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

**Issue/Renew/Amendment of
a Private Land Mobile Radio
License**

NCA FORM AP08A

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 12 for required documents

Application Form for Issue/Renew/Amendment of a Private Land Mobile Radio License

Type Of Application	
New	<input type="checkbox"/>
Renew	<input type="checkbox"/>
Modify	<input type="checkbox"/>
Cancel	<input type="checkbox"/>

- In case of **New license application**, please fill all sections below except section 10.

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

-

License Number: _____
(In case of Modifying a license)

Please check the system type: Paging Conventional PMR

1.0 Administrative Information (to be filled by Applicant)	
Licensee/Applicant Name	
Customer 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 Network characteristics of Existing Network			
Item No.	Station	Quantity	Frequency (ies)
2.1	Repeater		
2.2	Base		
2.3	Mobile		
2.4	Handheld		

3.0 Network characteristics	
2.1	Site name

4.0 Area of Service				
4.1	Service Area Type	Area/Town/city <input type="checkbox"/> (fill fields 3.2, 3.3 3.4)	Region(s) <input type="checkbox"/> (fill field 3.5)	Nationwide <input type="checkbox"/> (Do not fill the and sections below)
4.2	Longitude	<div style="text-align: center;"> </div>		
4.3	Latitude	<div style="text-align: center;"> </div>		
4.4	Coverage radius of service area (Km)			
4.5	Name of Region (s)			

5.0 Frequency Parameters	
5.1	Frequency Band (MHz)
5.2	Channel Bandwidth (KHz)
5.3	Mode of Operation Half Duplex <input type="checkbox"/> Duplex <input type="checkbox"/>
5.4	Number of Required Frequencies (Number of required frequency pairs in case of duplex operation)

6.0 Preferred Frequencies				
6.1	List of Preferred Frequencies (MHz) - In case 5.3 Mode of Operation = Half Duplex please fill only Tx Frequencies - In case 5.3 Mode of Operation = Duplex please fill Tx and Rx Frequencies	#	Tx	Rx
		1		
		2		
		3		
		4		
		5		

7.0 Network modification (Frequency)						
7.1	In case of modification please indicate existing Tx and Rx Frequencies and Tick the type of modification (add or delete). If mode of Operation = Half Duplex please fill only Tx Frequencies If mode of Operation = Duplex please fill Tx and Rx Frequencies.	#	Tx	Rx	Type of Modification	
					Add	Delete
		1				
		2				
		3				
		4				
5						

Remarks:
If needed please use more than one copy of this page.

Remarks: In case of multiple Base Stations / Repeaters, please fill section 8 for each Station

8.0 Base Station / Repeater Section	
8.1	Type of Station Base Station <input type="checkbox"/> Repeater <input type="checkbox"/>
8.2	Base / Repeater Station ID
8.3	Number of required channels / Channel pairs
8.4	List of preferred Channels / (provide list of comma separated IDs of corresponding channels from Table 8)
8.5 Base Station / Repeater Geographical information	
8.5.1	Site name
8.5.2	Longitude E/W Deg. Min. Sec.
8.5.3	Latitude N Deg. Min. Sec.
8.5.4	Coverage Radius (Km)
8.6 Base Station / Repeater Equipment details (Main)	
8.6.1	Manufacturer
8.6.2	Model
8.6.3	Frequency range (MHz)
8.6.4	Max. Transmitting Power [W]
8.6.5	Required Transmitter Output [W]
8.6.6	Effective Radiated Power [W]
8.6.7	Modulation Type
8.6.8	Sensitivity [dBm]
8.6.9	Protection Ratio [dB]
8.8.10	Serial Number (if available)
<p>Please Fill the same Base / Repeater Station ID used in 8.2</p> <p>Base / Repeater Station ID: _____</p>	
8.7 Base Station / Repeater Equipment details (Extra Equipment kept for future replacement)	
8.7.1	Manufacturer
8.7.2	Model
8.7.3	Serial Number (if available)

8.8	Base Station / Repeater Antenna Details	
8.8.1	Manufacturer	
8.8.2	Model	
8.8.3	TX Power (Watts)	
8.8.4	Antenna gain (dBi)	
8.8.5	Antenna Height AGL (m)	
8.8.6	Polarization	<input type="checkbox"/> H – Horizontal <input type="checkbox"/> M – Mixed. <input type="checkbox"/> V – Vertical
8.8.7	Directivity (Choose General class of Antenna Pattern) /	<input type="checkbox"/> ND: Omni-directional (E.g. Co-Linear, End-Fed Vertical) <input type="checkbox"/> EA: Directional Elliptical (E.g. Yagi, Stacked Array) <input type="checkbox"/> LA: Directional Cardioid (E.g. Cardioid) <input type="checkbox"/> DE: Directional: Figure-of-eight (E.g. Horizontal Dipole) <input type="checkbox"/> LA: Directional: Off-set Omni (E.g. Center-Fed Vertical)
8.9	Directional Antenna (Fill only in case Directivity different than Omni-	
8.9.1	Azimuth of Maximum Radiation [°]	
8.9.2	Beamwidth (°)	
8.9.3	Front-to-Back Ratio [dB]	

9.0 Terminal equipment (Mobile/Handheld) (Fill only in case of Conventional PMR)							
9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9
Manufacturer	Model	Eq. Frequency Range [MHz]	Max. Radiated Power (W)	Quantity	Serial Number	Antenna gain (dBi)	TX Power (Watts)

Remarks:
If needed please use more than one copy of this page.

10.0 License(s) List (fill only in case of Modification, Renewal or Cancellation)	
#	10.2
	Date of Expiry
	___/___/___
	___/___/___
	___/___/___
	___/___/___

11.0 Additional Information		
11.1	Name of Importer of Equipment	
11.2	Address of Importer of Equipment	
11.3	Equipment Installer	
11.4	Maintenance of Equipment done by	
11.5	Qualification of Installer	
11.6	Equipment to be operated by	
11.7	When is the Network expected to be operational	

12.0 Attached Documents (to be attached by Applicant)	
Document Name	Check if attached
Schematic diagrams of both existing and requested Land Mobile Radio Network	
Certificate/Permit relevant to company's field of operation	
Tax Clearance Certificate (Renewal only)	
SSNIT Clearance Certificate (Renewal only)	
Any Other Relevant Document(s)	

13.0 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:

14.0 For Administrative use Only

14.1	Authority Reference Number	
14.2	Name of Employee who received the application	

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

Signature/Seal: