



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

**Digital Sound Broadcasting
Authorisation
NCA FORM AP03B**

Application Fee
Receipt No:

(Please attach Receipt)

Date:

(Submission Date)

Application Checklist. Tick (x) in box

- A completed application form
- Cover Letter
- A Non-Refundable Application Fee
- Any other Supporting Documents – Please list
- Refer to Section 8 for required documents

Application Form for Digital Sound Broadcasting Authorisation

Type Of Application

New	<input type="checkbox"/>	
Renew	<input type="checkbox"/>	- section 7.
Modify	<input type="checkbox"/>	- In case of Modifying a license, please fill the license number and the sections to be modified.
Cancel	<input type="checkbox"/>	- In case of Renew or Cancel please fill sections 1 and 7.

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

Digital Sound Broadcasting Service

Digital Audio Broadcasting (DAB)

Digital Radio Mondiale (DRM)

Technology (Applies to ONLY DAB)

Single Frequency Network (SFN)

Multiple Frequency Network (MFN)

Coverage Regional Nationwide

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		
2.4		

3.0 Station Specific Technical Information		
3.1	Reception Mode *	<input type="checkbox"/> Fixed <input type="checkbox"/> Portable outdoor <input type="checkbox"/> Portable indoor <input type="checkbox"/> Mobile
3.2	Type of Spectrum Mask *	<input type="checkbox"/> Non-Critical <input type="checkbox"/> Sensitive <input type="checkbox"/> Sensitive for T-DAB 12D
3.3	Effective Radiated power (dBW) *	
3.4	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

<p>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>		<p>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>	
0°	180°	0°	180°
10°	190°	10°	190°
20°	200°	20°	200°
30°	210°	30°	210°
40°	220°	40°	220°
50°	230°	50°	230°
60°	240°	60°	240°
70°	250°	70°	250°
80°	260°	80°	260°
90°	270°	90°	270°
100°	280°	100°	280°
110°	290°	110°	290°
120°	300°	120°	300°
130°	310°	130°	310°
140°	320°	140°	320°
150°	330°	150°	330°
160°	340°	160°	340°
170°	350°	170°	350°

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			

7.0 License(s) List

(fill only in case of Renew or Cancel)

#	7.1	7.2
	License Number	Date of Expiry
		___/___/___
		___/___/___

		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___
		___/___/___

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

Name of Employee who received the application	
---	--

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

Signature/Seal: