

Application Form for Issue\Renew\Amendment of Aeronautical Ground Station Radio Frequency Spectrum License

Type Of Application

New	<input type="checkbox"/>	<ul style="list-style-type: none"> - In case of New license application, please fill all sections below except section. - 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 1 and 10.
Renew	<input type="checkbox"/>	
Modify	<input type="checkbox"/>	
Cancel	<input type="checkbox"/>	

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

Type of System

Aeronautical Station Aeronautical Station in Aeronautical Mobile (OR) Service
 Aeronautical Station in Aeronautical Mobile (R) Service Other

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	

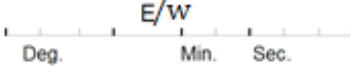
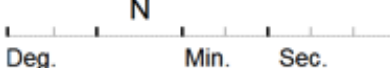
2.0 Geographical information

2.1	Site name	
2.2	Longitude*	
2.3	Latitude *	

3.0 Frequency information

3.1	Number of required frequencies (Number of required frequency pairs in case of duplex operation)	
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3.2	Frequency Range (MHz)	
3.3	Channel Bandwidth (KHz)	
3.4	Mode of operation	Half Duplex <input type="checkbox"/> Duplex <input type="checkbox"/>

4.0 Area of service			
4.1	Centre Point	Longitude	
4.2		Latitude	
4.3	Maximum Length of Circle (m) *Required in LF/MF Bands		

5.0 Station details	
5.1	Nature of Service (refer to Annex 1)
5.2	Designation of Emission
5.3	Transmitter Output Power (W)
5.4	Receiver Noise Figure (dB)
5.5	Receiver Sensitivity (dBm)
5.6	Signal to Interference Ratio (dB)
5.7	Total Transmission Losses (dB)
5.8	Antenna height AGL (m)

6.0 Equipment details (Main)			
6.1	Manufacturer	Start Date	End Date
6.2	Model		
6.3	Serial Number (if available)		
6.4	Frequency range (MHz)		
6.5	Max. Transmitting Power [W]		
6.6	Sensitivity [dBm]		
6.7	Protection Ratio [dB]		

7.0 Equipment details (Standby)	
7.1	Manufacturer
7.2	Model
7.3	Serial Number (if available)

8.0 Antenna details	
8.1	Manufacturer
8.2	Model
8.3	Antenna gain (dBi)
8.4	Polarization <input type="checkbox"/> CL - Left hand circular or indirect <input type="checkbox"/> CR - Right hand circular or direct <input type="checkbox"/> D - Dual <input type="checkbox"/> H - Horizontal Linear <input type="checkbox"/> L - Linear <input type="checkbox"/> M - Mixed <input type="checkbox"/> SL - Left hand slant <input type="checkbox"/> SR - Right hand slant <input type="checkbox"/> V - Vertical linear
8.5	Directivity <input type="checkbox"/> Omni <input type="checkbox"/> Directional
Directional Antenna (Fill only in case Directivity = Directional)	
8.6	Front-to-Back Ratio [dB]
8.7	Vertical Beamwidth [°]
8.8	Horizontal Beamwidth [°]
8.9	Elevation of Maximum Radiation [°]
8.10	Beam Direction
8.11	Azimuth of Maximum Radiation [°] <input type="checkbox"/> Fixed (fill the field 10.11) <input type="checkbox"/> Rotational/ Swept (fill the field)
8.12	Start / Finish Azimuths [°] Start: _____ Finish: _____

9.0 Terminal equipment (Mobile/Handheld)							
9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8
Equipment Details	Manufacturer	Model	Frequency Range [MHz]	Max. Radiated Power (W)	Quantity	Serial Number	Antenna gain (dBi)

12.0 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:

13.0 Attached Documents (to be attached by Applicant)

Document Name	Check if attached
Certificate of Registration from the Ghana Civil Aviation Authority	
Any Other Relevant Document(s)	

Annex 1

Nature of Service

AS-Station using adaptive system
 AX-Fixed station used for provision of services
 CO-Station open to official correspondence exclusively
 CP-Station open to public correspondence
 CR-Station open to limited public correspondence
 CV-Station open exclusively to correspondence of private agent
 FS-Land station established solely for the safety of life
 HP-Fixed station using high altitude platform
 MX-Fixed station used for transmission of meteorological information
 OT-Station open exclusively to operational traffic of the service concerned
 PX-Fixed station used for press transmission
 RC-Non-directional radio beacon
 RD-Directional radio beacon
 RG-Radio direction-finding station
 RT-Revolving radio beacon
 ST-Fixed station using tropospheric scatter

13.0 For Administrative use Only

Name of Employee who received the application

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

Signature/Seal: