



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

**Internet/Public Data Service
Authorisation
NCA APO5A**

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 tick
(Please refer to Section 9 for required documents)

Application Form for Issue/Renew/Amendment of Internet/Public Data Service Authorisation

Type Of Application

- | | | | |
|--------|--------------------------|---|---|
| New | <input type="checkbox"/> | - | In case of New Authorisation application , please fill all sections below except section 8. |
| Renew | <input type="checkbox"/> | - | In case of Renewal , please fill all sections below. |
| Modify | <input type="checkbox"/> | - | In case of Modifying a Authorisation , please fill the license number and the sections to be modified. |
| Cancel | <input type="checkbox"/> | - | In case of Cancellation please fill sections 1 and 8 |

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

Type of Service:

- | | | |
|--|--|--|
| <input type="checkbox"/> Internet Access Service

<input type="checkbox"/> Nationwide
<input type="checkbox"/> Regional
<input type="checkbox"/> Rural | <input type="checkbox"/> Network Service Provider

<input type="checkbox"/> Nationwide | <input type="checkbox"/> Internet Hotspot Service Provider
(Three District Maximum) |
|--|--|--|

1.0 Administrative Information (to be filled by Applicant)

Authorisation Holder/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 Last Mile Access

2.1	Unlicenced Band (Please specify)	2.4GHz <input type="checkbox"/>	5.4 GHz <input type="checkbox"/>	5.8 GHz <input type="checkbox"/>
2.2	Licenced Band (Please specify)			
2.3	Leased Line Capacity Provider (please state if applicable)			
2.3.1	Name of Provider (s)			
2.3.2	Service Area			

2.4	Backbone Provider	
2.4.1	Name of Provider	
2.4.2	Means of Connection	
2.5	Upstream Provider	
2.5.1	Name of Provider	
2.5.2	Capacity in GB	

Remarks: Incase of multiple Base Stations, Please fill Section 3 for each site

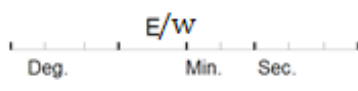

3.0 Base Station Information (Fill for sites)		
3.1	Site name	
3.2	Site code	
3.3	Station Physical Address	
3.4	Longitude*	
3.5	Latitude *	
3.6	Radius of Service Area (Km)	

4.0 Frequency Information						
4.1	Channel Bandwidth (MHz)					
4.2	List of Preferred Frequencies (MHz) - In case Mode of Operation = Half Duplex please fill only Tx Frequencies - In case Mode of Operation = Duplex please fill Tx and Rx Frequencies	#	Tx	Rx	Type of Modification	
					Add	Delete
		1				
		2				
		3				
		4				
		5				
		6				
7						

Remarks:

- In case of multiple Network Operating Center (NOC) Station, please fill sections 5 for each Station.

5.0 Network Operating Center (NOC) Station	
5.1	NOC ID (Name/ID of Center)
5.2	Number of required channels / Channel pairs*

5.3	List of preferred Channels* (provide list of comma separated IDs of corresponding channels from section 4.0)	Half Duplex <input type="checkbox"/>	Duplex <input type="checkbox"/>
5.4	NOC Geographical information		
5.4.1	Site name		
5.4.2	Site code		
5.4.3	Station Physical Address		
5.4.4	Longitude*	<div style="text-align: center;">  </div>	
5.4.5	Latitude *	<div style="text-align: center;">  </div>	
5.5	NOC Equipment details (Main)		
5.5.1	Manufacturer*		
5.5.2	Model*		
5.5.3	Frequency range (MHz)*		
5.5.4	Max. Transmitting Power [W]*		
5.5.5	Effective Radiated Power [W] *		
5.5.6	Required Transmitter Output [W] *		
5.5.7	Modulation Type		
5.5.8	Sensitivity [dBm]*		
5.5.9	Protection Ratio [dB]		

6.0	Base Station Antenna Details		
6.1.1	Manufacturer *		
6.1.2	Model*		
6.1.3	Antenna Gain (dBi) *		
6.1.4	Antenna Height AGL (m)*		
6.1.5	Polarization*	<input type="checkbox"/> H - Horizontal <input type="checkbox"/> M - Mixed <input type="checkbox"/> V – Vertical	
6.1.6	Directivity* (Choose General class of Antenna Pattern)	<input type="checkbox"/> ND: Omni-directional (E.g. Co-Linear, End-Fed Vertical Dipole, Radiating Cable) <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 Dipole)	

Directional Antenna

(Fill only in case Directivity different than Omni-directional)

6.1.7	Azimuth of Maximum Radiation (°)*	
6.1.8	Half-Power Beamwidth (°)*	
6.1.9	Front-to-Back Ratio (dB)*	

7.0 Customer Premises Equipment Details

7.1	Manufacturer*	
7.2	Model*	
7.3	Frequency range (MHz)*	
7.4	Max. Transmitting Power [W]*	
7.5	Effective Radiated Power [W] *	
7.6	Required Transmitter Output [W] *	
7.7	Modulation Type	
7.8	Sensitivity [dBm]*	
7.9	Protection Ratio (dB)	

8.0 Authorisation(s) List

(fill only in case of Renew or Cancel)

#	8.1	8.2
	Authorisation Number	Date of Expiry
		__ / __ / ____
		__ / __ / ____
		__ / __ / ____
		__ / __ / ____

Remarks:

- If needed, please use more than one copy of this page.

9.0 Attached Documents (to be attached by Applicant)

	Document Name	Check if attached
9.1	Organisational Structure and Career Profile of Key Representatives of the Company	
9.2	Evidence of the initial investment for the first year of operation (First time applicant only)	
9.4	Forecasts of the investment plan for the first five years (First time applicant only)	

9.5	Technical Implementation plan certified by a qualified engineer (First time applicant only)	
9.6	Five (5) years Audited Financials Statement (Renewal application only)	
9.7	Tax Clearance Certificate (Renewal only)	
9.8	SSNIT Clearance Certificate (Renewal only)	
9.9	Any Other Relevant Document(s)	

10.0 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:

11.0 For Administrative use Only

11.1	Authority Reference Number	
11.2	Name of Employee who received the application	

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

Signature/Seal: