



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

**Application Form for Private Land
Mobile Radio Station Licence**

NCA 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 tick
(Refer to Section 9 for required documents)

Application Form for Private Land Mobile Radio Station Licence

Type Of Application	
New	<input style="width: 40px; height: 20px;" type="checkbox"/> - In case of New licence application , please fill all sections below except section 2 and 11.
Renew	<input style="width: 40px; height: 20px;" type="checkbox"/> - In case of Renew please fill all sections below except Section 11.
Modify	<input style="width: 40px; height: 20px;" type="checkbox"/> - In case of Modifying a licence , please fill the license number and the sections to be modified.
Cancel	<input style="width: 40px; height: 20px;" type="checkbox"/> - In case of Cancel please fill only sections 1 and 7.
License Number: _____ (In case of Modifying a license)	
Please check the system type: Paging <input type="checkbox"/> Conventional PMR <input type="checkbox"/>	
Customer ID: _____	

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 Components of Existing Networks			
2.1	Area of Service		
Item No.	Station	Quantity	Frequency(ies)
2.2	Repeater		
2.3	Base		
2.4	Mobile		
2.5	Portable		
2.6	Other		

3.0 Network Characteristics of New Request	
3.1	Network ID (e.g. Network 1)
3.2 Area of Service	
3.2.1	Name of Service Area

3.2.2	Service Area Type	Area/Town/city <input type="checkbox"/> (fill fields 3.2.3 - 3.3.6)	Region(s) <input type="checkbox"/> (fill field 3.2.6)	Nationwide <input type="checkbox"/> (Do not fill the sections below)
3.2.3	Center of Service Area Longitude			
3.2.4	Center of Service Area Latitude			
3.2.5	Radius of Service Area (Km)			
3.2.6	Region(s)			

Complete Section 3.2 for more than 1 Area of Service

3.3 Frequency Parameters	
3.3.1	Frequency Band (MHz)
3.3.2	Channel Bandwidth (KHz)
3.3.3	Mode of Operation Simplex <input type="checkbox"/> Duplex <input type="checkbox"/>
3.3.4	Number of Required Frequencies (Number of required frequency pairs in case of duplex operation)
3.3.5	Frequency Offset (Tx/RX Separation, If Duplex)

3.4 Preferred Frequencies				
3.4.1	List of Preferred Frequencies (MHz) - In case 3.3.3 Mode of Operation = Simplex please fill only Tx Frequencies - In case 3.3.3 Mode of Operation = Duplex please fill Tx and Rx Frequencies	#	Tx	Rx
		1		
		2		
		3		
		4		
		5		

4.0 Network Modification (Frequencies/Equipment)

4.1	List of Preferred Frequencies (MHz) - In case 3.3.3 Mode of Operation = Simplex please fill only Tx Frequencies - In case 3.3.3 Mode of Operation = Duplex please fill Tx and Rx Frequencies - In case of modification, please indicate existing Tx and Rx Frequencies and tick the type of modification (Add or Delete)	#	Tx	Rx	Type of Modification		
					Add	Delete	
		1			<input type="checkbox"/>	<input type="checkbox"/>	
		2			<input type="checkbox"/>	<input type="checkbox"/>	
		3			<input type="checkbox"/>	<input type="checkbox"/>	
		4			<input type="checkbox"/>	<input type="checkbox"/>	
		5			<input type="checkbox"/>	<input type="checkbox"/>	
			Equipment	Location	Quantity	<input type="checkbox"/>	<input type="checkbox"/>
		1	Repeater			<input type="checkbox"/>	<input type="checkbox"/>
		2	Base			<input type="checkbox"/>	<input type="checkbox"/>
		3	Mobile			<input type="checkbox"/>	<input type="checkbox"/>
		4	Handheld			<input type="checkbox"/>	<input type="checkbox"/>
		5	Other				

Remarks:

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

5.0 Base Station / Repeater Section

5.1	Type of Station	Base Station <input type="checkbox"/>	Repeater <input type="checkbox"/>
5.2	Base / Repeater Station ID		
5.3	Number of required channels / Channel pairs		
5.4	List of preferred Channels / (Provide list of comma separated IDs of corresponding channels from Table 4.1)		
5.5	Base Station / Repeater Geographical information		
5.5.1	Site name		
5.5.2	Longitude		
5.5.3	Latitude		
5.5.4	Coverage Radius (Km)		
5.6	Base Station / Repeater Equipment details (Main)		
5.6.1	Manufacturer		
5.6.2	Model		

5.6.3	Frequency range (MHz)	
5.6.4	Max. Transmitting Power [W]	
5.6.5	Required Transmitter Output [W]	
5.6.6	Effective Radiated Power [W]	
5.6.7	Modulation Type	
5.6.8	Sensitivity [dBm]	
5.6.9	Protection Ratio [dB]	
5.6.10	Serial Number (if available)	

Please Fill the same Base / Repeater Station ID used in 5.2

Base / Repeater Station ID: _____

5.7	Base Station / Repeater Equipment details (Extra Equipment kept for future replacement)	
5.7.1	Manufacturer	
5.7.2	Model	
5.7.3	Serial Number (if available)	

5.8	Base Station / Repeater Antenna Details	
5.8.1	Manufacturer	
5.8.2	Model	
5.8.3	TX Power (Watts)	
5.8.4	Antenna gain (dBi)	
5.8.5	Antenna Height AGL (m)	
5.8.6	Polarization	<input type="checkbox"/> H – Horizontal <input type="checkbox"/> M – Mixed. <input type="checkbox"/> V – Vertical
5.8.7	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)

Directional Antenna

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

5.8.8	Azimuth of Maximum Radiation [°]	
5.8.9	Beamwidth (°)	
5.8.10	Front-to-Back Ratio [dB]	

Remarks:

- In case of multiple Base Stations/Repeaters, please fill all section 3 for each Station.

6.0 Terminal equipment (Mobile/Portable/Others) (Fill only in case of Conventional PMR)									
6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	6.10
Type of Terminal	Type (H/M)/	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.

7.0 License(s) List (Fill only in case of Modification, Renewal or Cancellation)	
#	7.2
7.1	7.2
License Number	Date of Expiry
	___/___/___
	___/___/___
	___/___/___
	___/___/___
	___/___/___

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

8.0 Additional Information	
8.1	Name of Importer of Equipment
8.2	Address of Importer of Equipment
8.3	Equipment Installer
8.4	Maintenance of Equipment done by
8.5	Qualification of Installer
8.6	Equipment to be operated by
8.7	When is the Network expected to be operational

9.0 Documents required

Application Checklist. Tick (x) in box

- Application fees proof of payment
- Application cover letter
- Schematic diagrams of both existing and requested Land Mobile Radio Network
- Certificate/Permit relevant to company's field of operation where applicable
- Tax Clearance Certificate (*Renewal Applications only*)
- SSNIT Clearance Certificate (*Renewal Applications only*)

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: