



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

**Private / Public
Microwave Frequency Point-To-
Point Application Form**

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 / Public Microwave Frequency Point-To-Point

Type Of Application	
New	<input type="checkbox"/> - In case of New license application , please fill all sections below except section 11.
Renew	<input type="checkbox"/> - In case of Renew please fill sections 1 and 10.
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 Cancel please fill sections 1 and 10.
License Number: _____ (In case of Modifying a license)	
Customer ID: _____	

1.0 General Technical Information of the Link				
1.1	Nature of Service (refer to Annex 1)			
1.2	Link Type Bi-directional <input type="checkbox"/> Uni-directional <input type="checkbox"/>			
1.3	Preferred Frequency Band			
1.4	Designation of Emission			
1.5	Bit Rate Code (Mbps)			
1.6	Availability (%)			
1.7	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> CL - Left hand circular or indirect <input type="checkbox"/> H - Horizontal Linear <input type="checkbox"/> SL - Left hand slant </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> CR - Right hand circular or direct <input type="checkbox"/> L - Linear <input type="checkbox"/> SR - Right hand slant </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> D - Dual <input type="checkbox"/> M - Mixed <input type="checkbox"/> V - Vertical linear </td> </tr> </table>	<input type="checkbox"/> CL - Left hand circular or indirect <input type="checkbox"/> H - Horizontal Linear <input type="checkbox"/> SL - Left hand slant	<input type="checkbox"/> CR - Right hand circular or direct <input type="checkbox"/> L - Linear <input type="checkbox"/> SR - Right hand slant	<input type="checkbox"/> D - Dual <input type="checkbox"/> M - Mixed <input type="checkbox"/> V - Vertical linear
<input type="checkbox"/> CL - Left hand circular or indirect <input type="checkbox"/> H - Horizontal Linear <input type="checkbox"/> SL - Left hand slant	<input type="checkbox"/> CR - Right hand circular or direct <input type="checkbox"/> L - Linear <input type="checkbox"/> SR - Right hand slant	<input type="checkbox"/> D - Dual <input type="checkbox"/> M - Mixed <input type="checkbox"/> V - Vertical linear		
1.8	Bandwidth (MHz)			
1.9	Rx Space Diversity (if required) Yes <input type="checkbox"/> No <input type="checkbox"/>			

Note: In case of frequency diversity, please fill a new Application form for a Point-to-Point Microwave Radio license.

2.0 Sites Information			
		Site 1	Site 2
2.1	Site Code / □□□ □□□□□□		

2.2	Site Name / □□□ □□□□□□		
2.3	Longitude / □□ □□□□□		
2.4	Latitude / □□□□□ □□□□□		

Note: In case of multiple sites/Link. Please fill Sections 2 - 5 for each Site/Link.

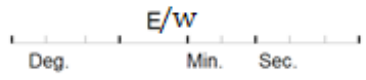

3.0 Equipment Details		Site - 1			Site - 2		
		Main	Standby	Space Diversity	Main	Standby	Space Diversity
3.1	Manufacturer						
3.2	Model						
3.3	Maximum Transmitting Power (dBm)						
3.4	Equipment Tuning Range (MHz)						
3.5	Receiver sensitivity (dBm)						
3.6	Modulation Type						
3.7	Protection Ratio (dB)						

4.0 Antenna Details		Site - 1		Site - 2	
4.1	Manufacturer				
4.2	Model				
4.3	Antenna Gain (dBi)				
4.4	Half Power Beamwidth (Deg.)				
4.5	Frequency Range (MHz)				
4.6	Azimuth [°]				
4.7	Elevation [°]				

5.0 Station Specific Technical Information		Site - 1		Site - 2	
5.1	Preferred Frequency (MHz)				
5.2	Power to Antenna (dBm)				
5.3	Antenna Height AGL (m)				

5.4	2nd Antenna Height AGL (m) (Space diversity case only)		
5.5	Transmitter Losses (dB)		
5.6	Receiver Losses (dB)		

6.0 Passive Repeater Information

6.1	Site name	
6.2	Longitude*	
6.3	Latitude *	
6.4	Antenna Height AGL (m)	
Passive Reflector Details		
6.5	Reflector Width (m)	
6.6	Reflector Height (m)	

7.0 Equipment Deletion

(fill only in case of modifying a license)

		Site - 1	Site - 2
7.1	Standby Eq.	Delete <input type="checkbox"/> 000	Delete <input type="checkbox"/> 000
7.2	Space Diversity Eq	Delete <input type="checkbox"/> 000	Delete <input type="checkbox"/> 000

8.0 License(s) List

(fill only in case of Renew or Cancel)

#	8.1	8.2
	License Number	Date of Expiry
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Remarks:

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

9.0 Documents required

- | | | |
|----|--|--------------------------|
| 1- | Cover Letter | <input type="checkbox"/> |
| 2- | Equipment and Antenna Technical Specifications, If Available | <input type="checkbox"/> |

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

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

12.1	Authority Reference Number	
12.2	Name of Employee who received the application	

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

 Signature/Seal: