



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

**Licences for Satellite Services  
NCA AP15**

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 8 for relevant documents)

# Application Form for Issue\Renew\Amendment of Licences for Satellite Services

<b>Type Of Application</b>			
New	<input type="checkbox"/>	-	In case of <b>New licence application</b> , please fill all sections below except section 8.
Renew	<input type="checkbox"/>	-	In case of <b>Renew</b> please fill sections.
Modify	<input type="checkbox"/>	-	In case of <b>Modifying a licence</b> , please fill the license number and the sections to be modified.
Cancel	<input type="checkbox"/>	-	In case of <b>Cancel</b> please fill sections 1 and 8.
Licence Number: _____ (In case of Modifying a license)			
<b>Type of Service</b>			
<b>Earth Segment Satellite Services</b>			
Satellite Gateway Earth Station (SGES) <input type="checkbox"/>		Earth Stations in Motion (ESIM) <input type="checkbox"/>	
<b>Satellite Earth Station Terminal (SEST)</b>			
For Private or Corporate use <input type="checkbox"/>	For Public Use <input type="checkbox"/>	For Public use (Rural) <input type="checkbox"/>	For Educational use <input type="checkbox"/>
<b>Satellite Earth Station Network (SESN)</b>			
Class 1 <input type="checkbox"/> (unlimited terminals, 1001+)		Class 2 <input type="checkbox"/> (501 - 1000 terminals)	
Class 3 <input type="checkbox"/> (101 - 500 terminals)		Class 4 <input type="checkbox"/> (51 - 100 terminals)	
Class 5 <input type="checkbox"/> (1 - 50 terminals)			
<b>Portable Satellite Terminal (PST)</b>			
Class 1 <input type="checkbox"/> (10001+, unlimited terminals)		Class 2 <input type="checkbox"/> (1001 - 10000 terminals)	
Class 3 <input type="checkbox"/> (501 - 1000 terminals)		Class 4 <input type="checkbox"/> (51 - 500 terminals)	
Class 5 <input type="checkbox"/> (1 - 50 terminals)			

<b>1.0 Administrative Information</b> (to be filled by Applicant)	
1.1	Licensee/Applicant Name

1.2	Customer ID (Fill "Applicant Identification form", in case you are a new applicant or you do not have your User ID) /	
1.3	Authorised Person	
1.4	Technical Contact	

<b>2.0 Network Information</b>		
2.1	Network Configuration *	Mesh <input type="checkbox"/> Star <input type="checkbox"/>
	Star Network Configuration (Fill only in case 2.1 Network Configuration = Star)	
2.2	HUB Location	Outside Ghana <input type="checkbox"/> Inside Ghana <input type="checkbox"/>
2.3	HUB Ownership (Fill only in case 2.2 HUB Location = Inside Ghana)	Owned by Applicant <input type="checkbox"/> Not Owned by Applicant <input type="checkbox"/>
2.4	HUB Owner (Fill only in case 2.3 HUB Ownership = Not Owned by Applicant)	

<b>3.0 Satellite Information</b>		
3.1	Type of Satellite	Geostationary <input type="checkbox"/> Non-Geostationary <input type="checkbox"/>
3.2	Satellite Network/Satellite Name	
3.3	Satellite Operator	
3.4	Satellite Orbital Position (deg) (Fill only in case 3.1 Type of Satellite = Geostationary)	
3.5	Operating Frequency Range	Below 10 GHz <input type="checkbox"/> Between 10-19.7 GHz <input type="checkbox"/> Above 19.7 GHz <input type="checkbox"/>

<b>4.0 TX/ Rx Beam</b>		
	Beam Type Tx/Rx	Tx <input type="checkbox"/> Rx <input type="checkbox"/>
4.1	Beam Designation	
4.2	Accessible Bandwidth (MHz)	
4.3	Polarisation	<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
4.4	Nature of Service	

4.5	Class of station	
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### 5.0 Beam Frequency (ies)

Center Frequency of Accessible Bandwidth (GHz)	Necessary Bandwidth (MHz)	Designation of Emission	Peak Envelope Power (dBW) (To be filled only in case of Tx beam)	Carrier to Noise ratio (dB) (To be filled only in case of Rx beam)

**Remarks:**

Fill HUB Station information Only if 2.3 HUB Ownership = "Owned by Applicant".

In case of multiple HUB Stations / Terminal Stations, please fill section 6 for each Station.

### 6.0 HUB Station / Terminal Station Section

6.1	Type of Station	* HUB Station <input type="checkbox"/> Terminal Station <input type="checkbox"/> (Choose only if 2.3 HUB Ownership = "Owned by Applicant")
6.2	Purpose of Operation *	
6.3	Geographical Information	
6.3.1	Site name *	
6.3.2	Longitude *	
6.3.3	Latitude *	
6.4	Equipment Details	
6.4.1	Manufacturer*	
6.4.2	Model*	
6.4.3	Frequency range (MHz)*	
6.4.4	Max. Transmitting Power [W]*	
6.4.5	Modulation Type	
6.4.6	Sensitivity [dBm]*	
6.4.7	Protection Ratio [dB]	
6.5	Antenna Details	
6.5.1	Manufacturer *	
6.5.2	Model *	

6.5.3	Antenna Height (m) *	
6.5.4	Antenna Diameter (m) *	
6.5.5	Antenna Beamwidth (deg) *	
6.5.6	TX Antenna Isotropic Gain (dBi) *	
6.5.7	RX Antenna Isotropic Gain (dBi) * (Fill only in case you added a RX Beam under section 5)	
6.5.8	Azimuth (deg) *	
6.5.9	Elevation (deg) *	

### 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
8.1 Organisational Structure and Career Profile of Key Representatives of the Company (First time SESN applicant only)	
8.2 Evidence of the initial investment for the first year of operation (First time SESN applicant only)	
8.3 Forecasts of the investment plan for the first five years (First time SESN applicant only)	
8.4 Technical Implementation plan certified by a qualified engineer (First time SESN applicant only)	
8.5 Five (5) years Audited Financials Statement (Renewal application only)	
8.6 Tax Clearance Certificate (Renewal only)	
8.7 SSNIT Clearance Certificate (Renewal only)	
8.8 Any Other Relevant Document(s)	

**9.0 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:

**10.0 For Administrative use Only**

10.1 Customer ID

10.2 Name of Employee who received the application

Date of Application receipt: \_\_\_/\_\_\_/\_\_\_  
dd / mm / yy

\_\_\_\_\_  
Signature/Seal:

