

NATIONAL COMMUNICATIONS AUTHORITY (NCA), GHANA

Digital Video Broadcasting Authorisation NCA FORM AP03C

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 list
- Please refer to Section 8 for required documents

Application Form for Digital Video Broadcasting Authorisation

Type Of Application			
New			
Renew In case of New licens section 8.		In case of New license application , please fill all sections below except section 8.	
Modify -		In case of Modifying a license , please fill the license number and the sections to be modified.	
Cance	el	- In case of Renew or Cancel please fill all sections below.	
		License Number: (In case of Modifying a license)	
Digital Vi	ideo Broadcas	ting Service	
(i) Digital Terrestrial Pay Television (Service only) (ii) Digital Terrestrial Pay Television (Service and Network) (iii) Digital Terrestrial Television Network only (iv) Digital Terrestrial Free-to-Air Television Programme Channel (v) Digital Terrestrial Radio Service on TV Multiplex (vi) Satellite Television Broadcasting (Pay TV Direct-to-Home Bouquet) (vii) Satellite Television Broadcasting (Free-to-Air Direct-to-Home Bouquet) (viii) Satellite Television Broadcasting (Free-to Air Direct-to-Home Single Channel) (ix) Subscription Management Service For A Statellite Television Broadcasting (Pay TV Direct-To-Home Bouquet) (x) Digital Terrestrial Television additional Services (eg. Teletext, etc) (xi) Digital Cable Television (xiii) Television over Internet Protocol			
Technology (Applies to ONLY DAB) Single Frequency Network (SFN) Multiple Frequency Network (MFN)			
Coverage (Applies to ONLY (ii), (iii) & (iv) above. Coverage of the rest are classified as Nationwide) Regional Nationwide			
For DTT Free To Air Programme Chanel, please provide particulars of Network Operator: 1. Name: 2. Location:			

Regio	ns (Applies to ONLY Region	Greater Accra Region	
1.0	Administrative Inform	ation (to be filled by Applicant)	
Licensee/Applicant Name			
you are	D oplicant Identification form", e a new applicant or you do neer ID) /		
Autho	rized Person		
Techn	ical Contact		
	Geographical informat	tion	
2.1	Location	ocation	
2.2	Station Address		
2.3	Longitude*	Deg. Min. Sec.	
		Latitude * Deg. Min. Sec.	
2.4	Latitude *		
	Latitude * Station Specific Techr	Deg. Min. Sec.	
		Deg. Min. Sec.	
3.0	Station Specific Techr	Deg. Min. Sec.	
3.0 3.1	Station Specific Technology Modulation Type *	Deg. Min. Sec. nical Informationn QPSK 16-QAM 64-QAM	
3.0 3.1 3.2	Station Specific Technology Modulation Type * Code Rate *	nical Informationn QPSK 16-QAM 64-QAM 1/2 2/3 3/4 5/6 7/8 Fixed Portable outdoor Portable indoor Mobile	
3.0 3.1 3.2 3.3	Station Specific Technology Modulation Type * Code Rate * Reception Mode *	Deg. Min. Sec.	
3.0 3.1 3.2 3.3 3.4	Station Specific Techi Modulation Type * Code Rate * Reception Mode * Type of Spectrum Mar	Deg. Min. Sec. nical Informationn QPSK 16-QAM 64-QAM 1/2 2/3 3/4 5/6 7/8 Fixed Portable outdoor Portable indoor Mobile sk * Non-Critical Sensitive wer (W) *	
3.0 3.1 3.2 3.3 3.4 3.5 3.6	Station Specific Technology Modulation Type * Code Rate * Reception Mode * Type of Spectrum Mare Effective Radiated por	Deg. Min. Sec.	

4.2	Model of Transmitter *			
4.3	Manufacturer of Filter *			
4.4	Model of Filter *			
	Antenna details			
5.1	Manufacturer *			
5.2	Model *			
5.3	Antenna gain (dBi) *			
5.4	Polarization	H - Horizontal	M - Mixed	V – Vertical
5.5A	Directivity	Omni	Directional	
5.5B	In case of directional Antenna, Pleasoft copy of the antenna pattern tx SNH/Attenuation at different a horizontally polarized component of the horizontal polarized component o	file	Radiation Pattern details be tenuation at different azimuths of the try polarized component with respect to um e.r.p. of the vertically polarized nent, dB	\neg
	10° 20° 30° 40° 40° 60° 70° 110° 100° 110° 120° 120° 150° 150° 150° 150° 170°	180° 190° 200° 210° 220° 230° 240° 250° 250° 250° 250° 250° 250° 250° 25	0° 180° 10° 20° 20° 200° 30° 210° 40° 220° 60° 240° 70° 250° 80° 260° 110° 20° 110° 30° 110° 30° 110° 30° 110° 30° 110° 30° 110° 30° 110° 30° 110° 30°	

6.0	Implementation Plan		
		Start Date	End Date
6.1	Site Acquisition for studio and transmission system		
6.2	Procurement of Equipment for studio and transmission system		
6.3	Installation of Equipment for studio and transmission system		
6.4	Engineering Test *		
6.5	Invitation for Inspection		

7.0 License(s) List (fill only in case of Renew or Cancel)				
#	7.1	7.2		
	License Number	Date of Expiry		
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8.0 Attached Documents (to be attached by Applicant)		
Document Name	Check if attached	
Evidence of the Financial Resource to establish the station (First time applicant only)		
Five (5) years Audited Financials Statement (Renewal application only)		
Evidence of community support (Applicable to community radio applicant)		
Tax Clearance Certificate (Renewal only)		
SSNIT Clearance Certificate (Renewal only)		
Any Other Relevant Document(s)		

9. Undertaking:	
information supplied in this application form is true grant of the Licence/Authorisation, I/We shall abi Authorisation is granted. I/We accept that my/our I penalty/ penalties applied if it is established that	hereby certify that the in all respects and I/We hereby give undertaking that upon de by the terms and conditions upon which the Licence/Licence/Authorisation may be revoked and the appropriate I/We have been granted Licence/Authorisation based on bide by all existing ITU Regulations and Communications ons and directives that may be issued.
Date of Submission:// dd / mm/ yy	Signature of Authorised Representative/Seal:
10. For Administrative use Only	
Customer ID	
Name of Employee who received the application	
Date of Application receipt:/	 Signature/Seal: