



ENTITY NAME:

APPLICATION #: _____

Every piece of Radiocommunications and Telecommunications Equipment used in the Republic of Liberia must be Type Approved by the Liberia Telecommunications Authority (LTA).

TYPE OF LICENSE REQUIRED (Please Select One)

- VHF Fixed & Landmobile Station
- Marine VHF Fixed & Mobile Station
- Aeronautical VHF Fixed & Mobile Station
- UHF/SHF Fixed & Landmobile Station
- Other (Please specify).....

Purpose of Service.....
.....
.....

Does the applicant, or any affiliate of the applicant, currently operate a VHF/UHF/SHF?

- Yes
- No

If Yes, identify the Licensee and the date issued?

Licensee.....Date of Issuance.....

FREQUENCY

Specific Band from which Assignment is preferred

Transmit.....Receive.....Band.....

Hour(s) of Operation.....

EQUIPMENT DETAILS

Transmit/Receive	Type of Manufacturer	Transmitter Power
Repeater		W
Base		W
Mobile		W
Handheld		W

ANTENNA – For use at Repeater Station

Manufacturer		Type	
Polarization		Beamwidth	
Gain to Isotropic		Front-to-Back Ratio	
Height above Sea Level			

ANTENNA – For use at Base Station

Manufacturer		Type	
Polarization		Beamwidth	
Gain to Isotropic		Front-to-Back Ratio	
Height above Sea Level			

Name and Qualifications of Personnel that will maintain the Station.....

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LOCATION OF EQUIPMENT

Location of Repeater Site

County.....Address.....

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Latitude.....Longitude.....

Location of Base Station Site

County.....Address.....

.....

Latitude.....Longitude.....

Elevation of Site.....

Areas of Operation of Mobile and Handset

List Counties.....

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Kindly fill in the below chart for your system Capacity

	Initially	Within 12 Months
Repeater		
Base		
Mobile		
Handheld		

MODE OF OPERATIONS

Please indicate Mode of Operations Duplex Half-Duplex Simplex

Other (Please Specify).....

CERTIFICATION STATEMENT

We declare that we have not commenced provision or operation of any of the VHF/UHF/SHF Radiocommunications services applied for in this application and every piece of information in this application is true and correct. We understand that approval from the LTA for this application is based on information declared in this application. We further acknowledge that, should any of the information declared herein be found to be untrue, inaccurate or incorrect, any license granted by the LTA will be revoked without notice. The LTA reserves the right to impose penal sanctions against us under any applicable laws and regulations in force, and this is without prejudice to any civil remedies that the LTA could bring against us if any of the information declared in the application is found to be untrue, inaccurate or incorrect.

.....
Signature

.....
Stamp

.....
Name

.....
Date

Official Use Only

Date Application Received.....LTA VHF UHF SHF Application Number.....

Permission Granted! YES NO, Reason(s).....

Frequency(ies)MHz

Name of Authorized LTA Personnel.....Title.....

SignatureDate Application Processed.....

License Type.....

Date Issued.....Expiration Date.....

Comments:.....
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This completed application form and subsequent payment of applicable fee (s) must be received in our office within 90 calendar days. Failure to provide the required information and payment by _____ will result in cancellation of your application.