



Official use only

Independent Communications Authority of South Africa
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Tel: (+27 11) 566-3000/1/2.

Bloemfontein/Kimberley (051) 411-5900, Durban (031) 334-9500, Cape Town (021) 431-9800
Port Elizabeth (041) 394-1600, Pretoria (011) 566-3000, Johannesburg (011) 566-3000.

SECTION 1: RADIOCOMMUNICATION APPLICATION

The form must be completed in CAPITAL LETTERS,
and in BLACK INK

Number of appendices attached A,B,C,D e.g. (1 of 20)

of

Application Type

Temporary/Test Licence Date /

Transfer From To

New Radio Communication Service New Radio Type Approval

Radio Communication Service Modification Modify Type Approval

Existing Licence No.

Type of service

Aeronautical

Alarms

Amateur Radio

Cellular

Citizen Band

Civil Defence Force

Communal Repeater

Demonstration

Experimental

Link above 1000 MHz

Link below 1000 MHz

Maritime

Load Shedding

Message Handling

Paging

Private

Private Repeater

Satellite

Short Range Business Portable

Ski-Boat

Special

Telemetry

Trunking

Radio Suppliers/Technicians

Vehicle Tracking

Very Short Range Band

Wan

Official Use Only

Recommended

Approved
Signature

Not Approved

Pending
Signature

Waiting List
Date

Officer

Date

Notes

Other

Specify

Official use only

A P P E N D I X B

DETAILS OF SHIP/MARITIME FIXED STATION LICENCE

SHIP STATION

Name of Company/Individual

Name of Vessel

Date of purchase

Port of Registry

Gross Tonnage

Operator's Certificate Number

New Installation

Change of Owners

EQUIPMENT	MAKE AND MODEL	POWER (WATT)	CLASS OF EMISSION (G3E,H3E,J3E)	FREQUENCIES REQUIRED
SSB TRANSCEIVER				
VHF TRANSCEIVER				
RADARS				
RADAR TRANSPONDERS				
HAND HELD VHF TRANSCEIVER FOR SURVIVAL CRAFT				
EPIRB's				
OTHER EQUIPMENT				

***NOTES: For SSB all modes that equipment can operate in must be furnished
For groups of frequencies, attach a separate sheet of paper**

MMSI Number

Previous or Existing Call Sign

Selective Call Number

International

Local

Coastal Radio Stations to which your vessel will operate

Hours of Service

Number of Operators

Vessel Classification

APPENDIX B: MARITIME FIXED STATION

NOTE: To be completed for Maritime Fixed Stations only
* Duplicate this page for each fixed station

Site Information

Number of Fixed Stations

Base/Control	<input type="text"/>	Radar	<input type="text"/>
Mobile	<input type="text"/>	Beacon	<input type="text"/>
Inmarsat	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> E <input type="text"/>	Area Of Operation	<input type="text"/>

Equipment Manufacturer and brand name	<input type="text"/>	Model No	<input type="text"/>
Frequencies Required	<input type="text"/>	<input type="text"/> KHz <input type="text"/> MHz <input type="text"/> GHz	Max Power <input type="text"/> W
Number of ships working through Coastal Station	<input type="text"/>	Antenna Gain	<input type="text"/> (dBi) <input type="text"/> (dBd)
Address of Fixed Station	<input type="text"/>	Co-Ordinates (Deg; Min; Sec)	
	<input type="text"/>	South	<input type="text"/> D <input type="text"/> M <input type="text"/> S
	<input type="text"/>	East	<input type="text"/> D <input type="text"/> M <input type="text"/> S
	<input type="text"/>	Code	<input type="text"/>
Inmarsat ID Number	<input type="text"/>		

Agreement by applicant (must only be signed by applicant)

I/We understand that if my/our application is approved the licence will be subjected to the provisions of the Electronic Communications Act, 2005 (Act No. 36 of 2005), and the Regulations made thereunder, as amended from time to time.

<input type="text"/>	<input type="text"/>
SURNAME IN CAPITAL LETTERS	Capacity
<input type="text"/>	<input type="text"/>
Signature	Date

SECTION 3: CLIENT INFORMATION

Company

Trading Name

Department

Registration No.

Vat No.

Title

Initials

Surname

ID No.

Nationality

Area Code

Tel. (B)

Area Code

Tel. (H)

Area Code

Fax No.

Cell.

E-Mail

Business or Residential Address

Building/
Farm/Plot

Street No.

Street

Suburb

City/Town

Postal code

Postal Address if different from the above

Postal code

Account Information

Surname of person responsible for payment of the account

Title

Initials

Job Title or Position

Name of branch or division responsible for payment of the account

Postal address

Postal code

Area Code

Tel. (B)

Area Code

Tel. (H)

Area Code

Fax No.

Cell.

If you are already in possession of the radio equipment state date on which acquired

Licence number of previous owner

Name and address of previous

SECTION 3: CLIENT INFORMATION (continued)

Next of kin: (If applicant is a private person furnish name and address of next of kin not living with you)

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
ID No.	<input type="text"/>			Relationship	<input type="text"/>
Area Code	<input type="text"/>	Tel. (B)	<input type="text"/>	Area Code	<input type="text"/>
		Tel. (H)	<input type="text"/>		
Area Code	<input type="text"/>	Fax No.	<input type="text"/>	Cell.	<input type="text"/>

Residential Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

Postal Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

Note that should the applicant be under the age of 18 the following should be completed

Details of Guardian

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
ID No.	<input type="text"/>			Relationship	<input type="text"/>
Area Code	<input type="text"/>	Tel. (B)	<input type="text"/>	Area Code	<input type="text"/>
		Tel. (H)	<input type="text"/>		
Area Code	<input type="text"/>	Fax No.	<input type="text"/>	Cell.	<input type="text"/>

Residential Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

Postal Address

<input type="text"/>	
<input type="text"/>	Postal Code <input type="text"/>

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<input type="text"/>	<input type="text"/>
SURNAME IN CAPITAL LETTERS	Capacity
<input type="text"/>	<input type="text"/>
Signature	Date