

[] SCHEDULE

Form 1

Broadcast Licence Application Form

Under section 6 of the Telecommunications Act [No 27 of 2000]

Saint Lucia

Applicant: _____

Please tick (✓) appropriate box:

BROADCAST

[] Radio AM

[] Radio FM

[] Community Radio (FM)

[] Television

[] Subscriber Television

Type of Application:

[] New Application

[] Application to Modify/Amend

[] Application to Renew Licence

National Telecommunications Regulatory Commission

NTRC Secretariat

P.O. Box GM 690,

Castries

Saint Lucia

Guidance Notes

- This application form can be used for first issue, modification/amendments and renewal of licences.
- Three (3) copies of the completed application form should be submitted in an envelope clearly marked “Broadcast Station Application” addressed to the Secretary of the Commission, National Telecommunications Regulatory Commission, P.O. Box GM 690, Castries, St. Lucia
- The completed application form must be accompanied by a fee of Five hundred Eastern Caribbean Dollars (EC\$500), per licence, payable to the National Telecommunications Regulatory Commission, St. Lucia.
- For renewal or modification of licence(s), please attach a copy of the existing licence to completed application form.

For questions or sections that are not applicable, write “NOT APPLICABLE” in bold or in print.

Please note that any word, phrase or expression used herein shall have the same meaning as it has in the Telecommunications Act [No. 27 of 2000]

- Applications should include schematic of the proposed network where appropriate
- Copies of technical details of equipment and approval certificates may be requested. (Photocopies of technical specifications of equipment should be attached)

PART 1 – The Applicant

(Please complete fully in type or block letters)

1.1 Contact Details

1.1.1 Name of applicant:

1.1.2 Address of applicant:

Business Address

1.1.3 Telephone number: _____

1.1.4 Fax Number: _____

1.1.5 Email address: _____

1.1.6 Company Registration Number: _____

1.1.7 Occupation: _____

PART II - Licence Details

2.1 Select as appropriate

New Licence

Modification/Amendment

Renewal

2.2 Licence No.¹ _____

2.3 Station Identifier.² _____

2.4 Place of Issue: _____

2.5 Date of Issue: _____

¹ For Renewal, Amendment or Modification of licence.

² Optional, applicants for Radio broadcast may wish to include the station identifier.

PART III – Technical Details

3.1 Details of Equipment: (Radio AM, Radio FM, Community Radio FM and Over the Air Television)

(Please attach copies of technical specifications of equipment)

3.1.1 Transmit Station

	1	2	3	4
Transmitter Site (Long/Lat)				
Transmit Power (W)				
Band width (MHz)				
Bands to be used				
Radio Make and Model				
TX Low Frequency Limit				
TX High Frequency Limit				
RX Low Frequency Limit				
RX High Frequency Limit				
Ant. Make and Model				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				
Ant. Gain (dBi)				
Polarization				
Ant height (M)				
Ant directivity				

3.1.2 Studio to Transmitter Link (STL) and/ Outside Broadcast (OBS)

(Indicate at the top of the columns whether the data refers to a STL or an OBS)

	1	2	3	4
Station Type (STL or OBS)				
Station Name/Location				
Longitude				
Latitude				
Ant. Make and Model				
Ant. EIRP (dBm)				
Ant. Low limit Frequency				
Ant. High limit Frequency				
Ant. Type				
Ant. Gain (dBi)				
Polarization				
Equipment				
Equipment Make and Model				
Equipment TX Low Frequency Limit				
Equipment TX High Frequency Limit				
Equipment RX Low Frequency Limit				
Equipment RX High Frequency Limit				
Station				
Station ERP				
Station TX Power				
Stations Antenna height				
Band width Frequency				
Number of Channels				

3.2 Details of Equipment: (Subscriber Television)

3.2.1 **Video Output**

Channel Bandwidth	
Channel Configuration	
Minimum signal level at TV input	
Minimum Carrier/Noise	
Visual carrier frequency	
Aural frequency deviation	
Signal to inter-modulation ratio	
Radiation level	
Line amplifier voltage	
Permissible variation of visual carrier level	
(a) Over 24 Hours	
(b) Between two adjacent channels	
(c) Between any two channels	
(d) Frequency response (each channel)	

PART IV - DECLARATION³

(Delete the option that does NOT apply)

(Delete the option that does NOT apply)

On behalf of the applicant, I / I declare that the information provided is accurate and complete in all respects.

Signed

Full name of signatory:

Position held:

Date: - _____