



Explanatory Notes: Please read this information and the notes at the back of this form before completing the application

- You may use this form only for the type of licences shown in Section D. If space is insufficient, use a separate sheet of paper.
- Section A must be completed in the name and/or title of the person or company/organisation to whom the licence will be issued.
- The applicable licence fees are set out in the Telecommunications (Transitional Licence Fee) Regulations 2010.
- A separate application form must be used for each type of licence being sought.
- Mandatory fields marked with an asterisk * must be completed.
- The administrative cost of processing a licence application is non-refundable.
- Incomplete application forms may be returned to the applicant for completion.
- The completed form should be sent to Telecommunications Commission of Solomon Islands, PO Box 2180 Honiara, Solomon Islands
- Information is available on the Telecommunications Commission of Solomon Islands website: www.tcsi.org.sb
- If this licence is granted, full details will be recorded in the Register of Radio Frequencies and will be available for public inspection. This will include the name and address of the licence holder.
- Clients have the right to request that their residential address be withheld from public access. Requests must be made in writing to the Telecommunications Commission Spectrum Management section, PO Box 2180, Honiara.

SECTION A: LICENCE APPLICATION DETAILS* = Mandatory Field

Do you already have a licence issued under the same name or organisation?

- No: I am applying for the first time
- Yes: Client ID.....

APPLICANT TYPES *: Please select a category, For Client type 'Person' go to A1, for all other client types go to A2

- Individual Person > go to A1
- Other Client Types > go to A2

***A1 PERSON**

Title: Mr Mrs Ms Miss

- Do you already have licenses issued under the same name?
 - Nationality:
 - Billing Name:
 - Telephone No:
 - Facsimile No:
 - Mobile No:
 - Email Address:
 - Mailing Address:
- No, I am applying for a licence for the first time



A2 CLIENT TYPES

- | | |
|--|---|
| <input type="checkbox"/> Government Organisation | <input type="checkbox"/> Community |
| <input type="checkbox"/> Non Government Organisation | <input type="checkbox"/> Registered Company |
| <input type="checkbox"/> Statutory Authority | <input type="checkbox"/> Others |

Do you already have licenses issued under the same name?

- [No, I am applying for a licence for the first time](#)

Organisation Name:

Billing Name:

Email:

Telephone No:

Business Telephone No:

Mobile Phone No:

Facsimile No:

Physical Address

Ward/Area:

Town:

Province:

Postal code (if any):

Billing/Postal Address (if not supplied, it is assumed to be the same as the residential address)

PO Box No:

Location:

Province:



SECTION B: PAYMENT OPTIONS

Payment of licence fees will be required once the engineering and administration process is completed and satisfied

Payment Options:

- On Line Payment Option – Email invoice to the email address provided by applicant (not currently available)
- Invoice – Licence holder will receive an invoice sent to the postal address provided by the applicant

SECTION C AMATEUR /RADIODETERMINATION/SATELLITE/OTHER SERVICES

- New licence
- Modify existing licence Number:

***Select Service Type:**

- Amateur:** Beacon Fixed Repeater
Go to section D
- Citizen Band:** Personal Radio Service Repeater (PRS)
Go to section D
- Radiodetermination:** Meteorological Aid Meteorological Radar Other
Go to section D
- Satellite :** Fixed Mobile Receive Protection VSAT-SNG
Go to section E

SECTION D AMATEUR /RADIODETERMINATION/OTHER SERVICES

Fixed Term Use: Commencing Period.....Ending Period:.....

*Purpose of service:

* Proposed power level:dBW eirp/Watt eirp (please circle)

* Existing power level:dBW eirp/Watt eirp (please circle)

D1 Licence Frequency Details

Please specify preferred Band(s) or Channel (s) and the required details for Frequency (ies)

*Preferred Band(s):

*Preferred Channel (s):or Preferred Frequency (ies).....MHz

*Frequency Range (MHz):

* Emission designation (s) (e.g. 16K0F3EGN):

*Modulation Method (eg.PSK, OPSK, etc.):*Bit rate (bits/s):.....



D2 Licence Equipment Details

Please enter equipment details

*Make and Model:.....Equipment Type Approval Standard.....

D3 Location Specific Details

*Location: Name:.....Province:.....

*Location Coordinates : Longitude :.....(Deg), Latitude :.....(Deg)

*Site Height ASL (meters):.....

Antenna Details

Antenna: *Make.....*Model:.....*Antenna Height AGL (meters).....

*Antenna Gain (dB):..... Azimuth (wrt True North).....

Additional Information

Please supply any additional frequency/equipment/location/antenna information as necessary

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SECTION E SATELLITE SERVICES

Fixed Term Use: Commencing Period.....Ending Period:.....

Purpose of service:.....

* Proposed Power level:.....dBW eirp/Watt eirp (please circle)

Satellite Earth Station Details

If more than one location, please attach separate schedule and repeat section E providing the details

New Station **Existing Station**

*Location: Name:.....Province:.....

*Location Coordinates : Longitude :.....(Deg), Latitude :.....(Deg)

*Site Height ASL (meters):.....

Antenna Details

Antenna: *Make.....*Model:.....*Antenna Height AGL (meters).....

*Antenna Gain (dB):..... *Azimuth (wrt True North).....*Antenna Elevation.....

*Antenna Diameter (meters):.....*Number of Antennas:.....



Transmit Details

*Transmit Power (dBW):..... *Transmit Bandwidth (MHz):.....
*Transmit Lower Frequency (MHz):..... *Transmit Upper Frequency (MHz):.....
*Transmit Polarisation (Circular/Linear):..... *Transmit Characteristic Frequency (MHz):.....
*Modulation Scheme (eg.PSK, QPSK etc.):.....
*Emission Designation (e.g.7M10D7WWX):.....

Receive Details

*Receive Lower Frequency (MHz):..... *Receive Upper Frequency (MHz):.....
*Receive Polarisation (Circular/Linear):..... *Receive Characteristic Frequency (MHz):.....
*Modulation Scheme (e.g. PSK, QPSK etc.):.....
*Emission Designation (e.g.7M10D7WWX):.....
*Minimum Receive Signal Level (dBm):.....
*Receive System Noise figure (dB):..... *Equipment Make & Model:.....

Additional Information

Please Supply any additional earth station information as necessary

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Satellite Details

*Name of Satellite:..... *Satellite Service Provider:.....
*Longitude:..... [] East [] West
*Transponder/Group ID:..... *Transponder Beam:.....
*Transmit Lower Frequency (MHz):..... *Transmit Higher Frequency (MHz):.....
*Emission Designation (eg.7M10D7WWX):..... *Transmit Characteristic Frequency(MHz):.....
*Receive Lower Frequency (MHz):..... *Receive Upper Frequency (MHz):.....
*Emission Designation (e.g.7M10D7WWX):..... *Receive Characteristic Frequency (MHz):.....



Additional Information

Please Supply any additional satellite information as necessary

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SECTION I DECLARATION

In accordance with the Telecommunications Act 2009, I hereby apply for a spectrum licence for the use of radio equipment described herein.

* I certify that the information given herein is true and correct in every particular

.....
Name of Applicant

.....
Company Stamp & Signature

.....
Date

APPLICATION NOTES

1. Applicants are responsible for complying with the application procedures and requirements set forth in the Telecommunication Act 2009.
2. Applicants must comply with all legal requirements for holding a licence.
3. Applicants providing false or misleading information will be liable to penalties under sections 42 and 58 of the Telecommunication Act 2009.
4. Facilities and equipment operating on the licensed spectrum will be bound to inspection.
5. Granting of licence is at the discretion of the Telecommunications Commissioner, administrative fees are not refundable.
6. The application is **ONLY** for a licence to operate on particular frequencies.
7. Operating without a spectrum licence will be subjected to violation under section 36 of the Telecommunication Act 2009 and carries fines and penalties.
8. This application form may be used to seek modification of an existing Spectrum Licence.
9. Applications must be signed by a person duly authorized by the applicant.