



**Nigerian Communications Commission**

**APPLICATION FOR FREQUENCY ASSIGNMENT  
PRIVATE MOBILE RADIO  
TRUNK RADIO AND PAGING SYSTEMS**

**NAME OF APPLICANT (COMPANY): .....**

**ADDRESS: .....**

.....

**FREQUENCY APPLIED FOR [MHz or GHz]: .....**

**STATE(S) OF THE FEDERATION: .....**

**DATE OF APPLICATION: .....**

## IMPORTANT INFORMATION

This application should be submitted in triplicate (each bounded) along with the following documents;

1. A copy of the Certificate of incorporation of the company from Corporate Affairs Commission (CAC).
2. Two (2) passport sized photographs each of Two (2) authorized representatives of the company.
3. The technical details of proposed equipment(s) as well as channel plan(s).
4. The EMC Certificate for the proposed equipment(s) or Type Approval(s) Certificate from country(ies) of origin.
5. A copy of the receipt for processing fee.

## Section A: Applicant (Company) Details

A1. Applicant Name: .....

A2. Address: .....

.....

.....

A3 Address for correspondence (if different from above): .....

.....

.....

A4. Contact Person:

Name: .....

Telephone: .....

Fax: .....

E-mail:- .....

A5. Nature of the applicant's business: .....

A6. Type of Operational License(s) held: .....

.....

A7. License No(s): .....

.....

## Section B: Equipment/System/Site Information

(You may need to consult your suppliers to assist in completing this part of the form).

B1. Is this frequency assignment required for;

Temporary Use (Less than 3 months)

OR

Long-Term Use (3 months and above)

B2. Do you presently hold any frequency license/assignment in respect of Private Mobile Radio, Trunk Radio and Paging Systems?

Yes

No

If yes, please indicate the frequencies, utilization and coverage area. (Use additional sheets if required).

Frequency	In use Yes/No	If Yes, state area(s)/location(s) where utilized/served

B3. What service do you plan to provide?

PMR

Trunk radio

Paging

For each Operational Site/Service Coverage Area completed by this application, please provide the following information (use additional sheets if required);

B4. Identity (name) of Operational Site: .....

.....

B5. Intended service coverage area for the Operational Site (please be as precise as possible): .....

.....

.....

B6. Number of radios to be deployed:

Portable/Handheld  Transportable/vehicle

B7. Proposed Channel Spacing:

6.25  8  12.5  Other

B8. Furnish in order of preference, 3 frequency Bands proposed by you for the provision of the service.

1. ....

2. ....

3. ....

B9. Number of Channels required: .....

B10. Your preferred Squelch Code: .....

B11. Will you deploy a Base Station at this operational Site?

Yes  No

B12. What type of Antenna do you intend to use?

Omni-directional antenna

OR

Directional antenna

(Please indicate the direction of the antenna in degrees East or North).

B13. Intended EIRP: .....

B14. Indicate the Transmission Line Characteristics, LOSS (in dB/m):

.....

B15. Intended Height of the Antenna (AGL and ASL):

- Height above ground (AGL): .....

- Height above sea level (ASL): .....

B16. Is the Antenna to be mounted on

An existing Tower/Structure

OR

New Tower/Structure you are constructing

B17. Please give the identity (Name) of the Tower/Structure: .....

.....

B18. Indicate; the latitude of the Base Station(s) Antenna(s). Use additional sheet if necessary.

Deg	Min	Sec

## Section C: Site Information

For each Operational Site please furnish the following information:

C1. Identity (Name and full location address):

1. Name: .....

2. Address: .....

.....

C2. Contacts at this Location:

1. Name: .....

2. Telephone: .....

3. Fax: .....

4. E-mail: .....

C4. Administrative Contact:

1. Name: .....

2. Telephone: .....

3. Fax: .....

4. E-Mail: .....

## Section D: Suppliers/Vendor Information

D1. Administrative Contact:

1. Name: .....

2. Telephone: .....

3. Fax: .....

4. E-Mail: .....

D2. Technical Contact:

1. Name: .....

2. Telephone: .....

3. Fax: .....

4. E-Mail: .....



## Section E: Declaration

We, whose photographs and signatures appear below, hereby declare that the information supplied in this Application Form is true in all respects and we hereby sign undertakings that upon assignment of frequency, we shall abide by the terms and conditions upon which the Frequency Authorization/License is granted. We accept that our Frequency Authorization/License may be revoked and appropriate penalty applied if it is found that we have been granted Frequency Authorization/License based on incorrect information furnished to the Commission

Attach two passport sized photograph each of the two authorized representative of the company and company seal.



Name: .....

Name: .....

Designation:.....

Designation: .....

Signature: .....

Signature: .....

## Section F: Checklist

F1. Please mark **X** in the appropriate box

Has all applicable sections of this form been completed?

Has the declaration been signed?

Has all the documents requested for been enclosed?

## Section G: Where to return the application form

F1. Please address the completed form and any attachments to:

The Executive Vice Chairman/ CEO,  
Nigerian Communications Commission,  
Plot 432 Aguiyi Ironsi Street,  
Maitama, P.M.B. 326, Abuja.  
Federal Capital Territory  
Nigeria.  
Telephone: 234-9-4617000  
Facsimile: 234-9-4617514  
Website: [www.ncc.gov.ng](http://www.ncc.gov.ng)

And return directly to the above address or through any of the Commission's Zonal Offices listed in the table below;

<b>Enugu Office</b>	<b>Ibadan Office</b>
No 7, Egerton Street, G.R.A Behind Police Headquarter Adjacent to High-court, Enugu State. Tel: 234-42-250435, 257776 251538, 257629 Fax: 234-42-250435	No 19, Oshuntokun Avenue Old Bodija, Ibadan, Oyo State. Tel: 234-2-8104303 Fax: 234-2-8103997
<b>Kano Office</b>	<b>Lagos Office</b>
No. 1, Sokoto Road, By Audu Bako Secretariat, Nasarawa GRA, P.M.B 3212, Kano State. Tel:234-64-947822, 319999 Fax:234-64-328855	9A Bankole Oki Street, Behind Ikoyi Club, Ikoyi, Lagos. Tel: 234-1-72093224, 2690603, 2690712 Fax: 234-1-2690750
<b>Port Harcourt Office</b>	
No. 23A, Igbodo Street, Behind First Bank Aba Road, Old GRA, Port Harcourt, Rivers State. Tel: 234-84-233055, 573006 Fax: 234-84-239942	

## FOR OFFICIAL USE ONLY

1. Date Application submitted: .....
2. Frequency Co-ordination Result: .....
3. Frequency Reservation: .....
4. Date of Notification of Offer: .....
5. Status of Security Clearance: .....
6. Payment for License: .....
7. Receipt No: .....
8. Date: .....
9. License No: .....
10. Call Sign Allocated: .....
11. Expiry Date: .....
12. 1<sup>st</sup> Renewal: .....
13. 2<sup>nd</sup> Renewal: .....
14. 3<sup>rd</sup> Renewal: .....
15. 4<sup>th</sup> Renewal: .....