



**APPLICATION FOR TYPE
APPROVAL OF COMMUNICATIONS
EQUIPMENT**

(FORM AP. 03)



FORM AP.03

APPLICATION FOR TYPE APPROVAL FOR CONNECTION OF COMMUNICATIONS EQUIPMENT

1. Name of Applicant (or Authorised Representative)

Last Name: _____

Other Name: _____

2. Organisation / Company: _____

2.1 (a) Is application in respect of an incorporated body? Yes No

(b) If No, proceed to section 3

(c) If Yes, proceed to section 2.2

2.2 Name and Address of Organization/Company

(a) Registered Name (if different from above) _____

(b) Address _____

(c) Telephone(s) _____
Telefax _____

(d) E-mail address(es) _____

2.3 Incorporation (Attach photocopy of certificate)

a) Registration No. _____

b) Date of Incorporation _____

c) Directors [expand or attach additional pages as needed]

Table with 2 columns: NAME, NATIONALITY

(d) Shareholders

NAME	NATIONALITY	SHAREHOLDING

(e) Have you attached

- | | | | |
|-------|--|-----|----|
| (i) | Photocopy of Incorporation? | Yes | No |
| (ii) | Certified true copy of memorandum & Articles of Association? | Yes | No |
| (iii) | Tax Clearance Certificate? | Yes | No |
| (iv) | Any other relevant document? | Yes | No |

3. Licence

3.1 Do you already hold any telecommunications licence in Nigeria? Yes No

(a) If No, proceed to section 3.3.

(b) If Yes, identify the name and date of the licence, the name of the licensee, then proceed to section 3.2.

Name and date of licence

Name of licensee

3.2 State service(s) for which you already hold a Licence/Permit

- | | | | |
|-------|--|-----|----|
| (a) | Sale/Installation of terminal equipment? | Yes | No |
| (b) | Operation of payphones? | Yes | No |
| (c) | Provision of private network links? | Yes | No |
| (i) | Conducting cable? | Yes | No |
| (ii) | Optical Fibre? | Yes | No |
| (iii) | Microwave or other radio? | Yes | No |
| (iv) | Satellite? | Yes | No |
| (d) | Provision of mobile communication services | | |

- (i) Cellular? Yes No
- (ii) Paging? Yes No
- (iii) Any other? Yes No

Give name _____

- (e) Provision of public telecommunications services with exchange? Yes No
- (f) Provision of value-added network services? Yes No
- (g) Repair and maintenance of telecommunications facilities? Yes No
- (h) Cabling? Yes No
- (i) Any other services? Yes No
If Yes, Give name(s) _____

3.3 (a) Have you had your licence(s)/permit(s) revoked before in Nigeria or elsewhere? Yes No

(b) If No, proceed to section 3.4

(c) If Yes, state:

SERVICE	LICENCE/PERMIT	DATE ISSUED	DATE EXPIRED/REVOKED

3.4 (a) Have you been refused a Licence/Permit before in Nigeria or elsewhere? Yes No

(b) If No, proceed to section 4

(c) If Yes, state: (i) Under what name? _____

(ii) Give details:

SERVICE	DATE OF APPLICATION	DATE OF REFUSAL

4. Equipment Description, Standards and Specifications

4.1 The Type Approval Regulations 2007 and Type Approval Guidelines are meant to protect the integrity of telecommunication networks, that is, safety and proper functioning of these networks, as well as the safety of persons working on the networks or on any apparatus connected to them, and the interoperability of all communications equipment. The Guidelines include a schedule of technical standards recognized by NCC in connection with type approvals.

4.2 Description of equipment

- (a) Technical name of equipment: _____

- (b) Purpose of equipment in a network: _____

- (c) Manufacturer's name: _____
(i) Trade name: _____
(ii) Make: _____
(iii) Type: _____
(iv) Model _____
(v) Country of manufacture/assembly: _____
(vi) Year of manufacture: _____
(vii) Address of manufacture: _____

4.3 Equipment standards and specifications

A full technical description of the equipment must be compiled and maintained as provided for in the Type Approval Regulations and Guidelines.

For the purposes of this application:

- (a) Identify the applicable standards and specifications.
(b) Have you included a copy of the standards and specifications?
(c) Include a Declaration of Conformity completed in accordance with the Guidelines.

Give names of applicable specifications or standards references, source organization (NCC, ITU-T, ETSI, CENELEC, CCIR or other) and country or countries of origin:

- (1) _____
(2) _____
(3) _____
(4) _____

- (d) Identify any special features of the equipment/model and briefly describe those special features.
(e) Briefly describe other operational features of the equipment. [*expand or attach additional pages as needed*]

4.3 Tests

A random sample of the equipment may be required to pass a technical and conformity tests conducted by NCC or on behalf of NCC in an accredited laboratory.

Test results issued by a testing laboratory identified pursuant to Regulation 7 may be accepted by NCC, as provided for in the Regulations and Guidelines.

- (a) Has the equipment passed any other test? Yes No
 If yes, give details:
 (i) Certification No. _____
 (ii) Date of Certificate _____
 (iii) Issuing body _____
 (iv) Issuing country _____
 (v) Laboratory _____

5 Fee Payable on Application

- 5.1 An application fee of **₦1,000.00 (One thousand naira)** only is payable on submission of a duly completed application form. The application fee is to be paid through a certified cheque or bank draft payable to the Nigerian Communications Commission.
- 5.2 Have you included payment with your application form ? Yes No
- 5.3 If you have paid the application fee separately, state your receipt number and date of payment:

Receipt No.: Date of Payment:

6 Undertaking

I/ We ___ hereby Certify that, to the best of my/our knowledge, the information contained in this application form is true in all respects and I/ we hereby give an undertaking that, upon a grant of a type approval, I/we shall abide by the Regulations, the Guidelines and any terms and conditions upon which the type approval is granted. I/we accept that the type approval may be revoked and the appropriate penalty applied if it is established that I/we have been granted the type approval based on incorrect information.

Signed

Date

Affix Company Stamp (if applicable)

Include certified passport-sized photographs (3 copies) of authorized representative

Request for Documentation on Type Approval Application

Please forward to the Commission alongside this application, in English Language, Hard and Soft copies (on CD/DVD/Flash Drive) of documentations relating to the equipment submitted for Type Approval:

1. User Manual(s)
2. Operations Manual(s)
3. Technical Manual(s) clearly indicating the full specifications of the equipment
4. Declaration of Conformity Certificate(s)
5. Test Reports and Certificate(s)
6. Any other relevant document supporting your Type Approval Application

In addition to the required list of documentations above, you are also required to provide a sample of the equipment alongside the relevant related device drivers and software necessary for proper operation of the equipment, if this has not been provided.

Certification Information

Please provide the following information as you wish to have reflected in the Type Approval Certificate/Grant, if and when the final Grant/Certificate is issued:

1. Name of Certificate Holder_____
2. Address of Certificate Holder_____
3. Name of Equipment_____
4. Model Number_____
5. Manufacturer's Name_____
6. Country of Manufacture_____