



NIGERIAN COMMUNICATIONS COMMISSION

HIGH ALTITUDE PLATFORM STATION (HAPS) NETWORK FREQUENCY LICENCE APPLICATION FORM

Part 1: General Information

Applicant Information

Name of Company: _____

Company Representative: _____
Last First Middle

Position Held: _____

Company Address: _____
Street Address

City State P.O. Box/Zip Code

Phone number: _____ Email: _____

Fax: _____

Type of Operational Licence (s) held (for companies incorporated in Nigeria): _____

Licence No (s): _____

Is this frequency assignment sought for:

- Trial Use (Less than 3 months)
- Or
- Long-Term Use

Please indicate the number of year(s) to be covered by the first invoice:

5 years 10 years Any: _____

Part 2: Technical Parameters

HAPS Parameters

TYPE OF HAPS: _____

Brand (Manufacturer): _____

HAPS Altitude range (Km): _____

Frequency Band(s) of Operation: _____

HAPS Network Facility Type:

Transmit only: Receive only:
Transmit/Receive: Others: Please specify: _____

HAPS Transmit Parameters

Provide information regarding the proposed Transmitter:

Transmit (Tx) Center Frequency (ies): _____ MHz
Polarization: _____
Bandwidth of Transmit Signal: _____ MHz
Frequency Range of Operation: From: _____ MHz To: _____ MHz
ITU Class of Emission Designator: _____
Max. EIRP/ Carrier: _____ (dBW)
Max. EIRP Density per Carrier: _____ (dBW/4KHz)

HAPS Receive Parameters

Provide information regarding the proposed Receiver:

Receiver (Rx) Center Frequency (ies): _____ MHz
Polarization: _____
Bandwidth of Receive Signal: _____ MHz
Frequency Range of Operation: From: _____ MHz To: _____ MHz

Associated Ground Station (GS) Parameters

Associated GS ID: _____
Associated GS Address: _____
Town/ City: _____
Latitude: Deg: _____ Mins: _____ Secs: _____ N or S *In Decimal:* _____
Longitude: Deg: _____ Mins: _____ Secs: _____ E or W *In Decimal:* _____
Site Elevation, Above Sea Level (ASL): _____

Associated Space Satellite Parameters (If applicable)

Name of Associated Space Satellite: _____
Orbital Type of Space Satellite (Applicable to GEO satellites only): _____

HAPS Deployed Network Parameters

Provide the following information.

HAPS Deployed Network: ____ (TO BE SUBMITTED BI-ANNUALLY IN LINE WITH THE HAPS REPORTING TEMPLATE VIA THE URL <https://www.ncc.gov.ng/accessible/documents/824-HAPS-services-deployment-reporting-template>)_

Disclaimer and Signature

I certify that the provided information are true and complete.

The grant of an Assignment notwithstanding, I understand that any false or misleading information in my application may result in the Commission withdrawing the said Licence and my forfeiture of whatsoever amount I have paid on account of the Licence.

*Affix Passport
Photograph of
Authorized
Representative*

Signature: _____

Date: _____

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 the Corporate Affairs Commission (CAC).**
- 2. Two (2) passport sized photographs each of Two (2) authorized representatives of the company.**
- 3. The technical details of the proposed equipment.**
- 4. The EMC Certificate for the proposed equipment and Type Approval Certificate(s) from the Nigerian Communications Commission.**
- 5. A copy of the receipt for processing fee (N 10,000:00)**
- 6. Schematic of the proposed network deployment.**

CHECKLIST

Please mark X in the appropriate box:

- Have all applicable sections of this form been completed?
- Has the disclaimer page been signed?
- Have all the documents requested for been enclosed?