

NIGERIAN COMMUNICATIONS COMMISSION

GATEWAY EARTH STATION (GES) FREQUENCY LICENCE APPLICATION FORM

Part 1: General Information

	Applicant Infor	mation	
Name of Company:			
Company Representative:	nst	First	Middle
Position Held:			
Company Address:Street Addr	ess		
City	Country/State	P.O. Box/Zip Co	ode
Phone number:	Email: _		
Fax Telephone number:	·	Country:	
	Part 2: Technic		
TYPE OF EARTH STATION: GES	_		
Brand (Manufacturer):			
Frequency Band of Operation:			
L -Band:	Ku-Band:		
C -Band:	Ka-Band:]	
Others:		_	
Gateway Earth Station Facility Ty	pe:		
Transmit only:	eceive only:		
Transmit/Receive:	others: \square Please spec	cify:	

Provide information regarding the proposed transmitter: Transmit (Tx) Center Frequency: _____ MHz Polarization: Bandwidth: _____ MHz Frequency Range of Operation: From: MHz To: MHz MHz ITU Class of Emission Designator: _____ Max. EIRP/ Carrier (dBW): _____ Max. EIRP Density per Carrier (dBW/4KHz): ______ Gateway Earth Station Receiver Provide information regarding the proposed Receiver: Receiver (Rx) Center Frequency: _____ MHz Polarization: Bandwidth of Receive Signal: _____ MHz Frequency Range of Operation: From: _____ MHz To: _____ MHz Minimum Elevation Angle (Degree above Horizontal): Height of Antenna above mean ground level (Meters): Gateway Earth Station Equipment Provide information regarding the proposed Antenna. Antenna Manufacturer: Antenna Model: Antenna Diameter: _____ Meters Antenna Gain: _____ dBi Azimuth:

Total Input Power to Antenna: ______ watts

Gateway Earth Station Transmitter

Off-axis e.i.r.p Limits:In accordance wi	th ITU-R. S. 524.9	for GSO Other	rs (Please Specify):
Antenna Beamwidth (3dB) (Degree):	Horizontal		Vertical:
Maximum Antenna Height:	I	neters	
Above Ground Level (AGL):		meters	
Above Sea Level (ASL):		_ meters	
Gatewa	y Earth Statio	n Location Para	meters
Provide the following information.			
Gateway Earth Station Site Name/id:			
Site Address:			
Town/ City:			
Country:		_	
Latitude: Deg: Mins:	Secs:	N or S	In Decimal:
Longitude: Deg: Mins:	Secs:	□E or □W	In Decimal:
Site Elevation, Above Sea level (ASL):		Meters	
Asso	ociated Space	Satellite Parame	eters
Name of Associated Space Satellite:			
Name of Satellite Home Administration:			
Orbital Type:			
Orbital Position:			
☐ Degree E:			
Degree W:			

Telemetry and Tracking Command Frequencies: Uplink Frequency, MHz) a. Command 1 (On-Station): MHz b. Command 2 (On-Station): MHz Command 1 (Transfer Orbit): _____ MHz d. Command 2 (Transfer Orbit): MHz **Telemetry Frequency (Downlink Frequency, MHz)** e. TTX 1 (On-Station): _____MHz TTX 2 (On-Station): _____ MHz TTX 1 (Transfer Orbit): _____ MHz h. TTX 2 (Transfer Orbit): _____ MHz 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

Date:

Signature:

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.

Please mark X in the appropriate box:

CHECKLIST

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