



NIGERIAN COMMUNICATIONS COMMISSION

SPACE STATION LANDING PERMIT APPLICATION FORM

Part 1: General Information

Applicant Information

Name of Company: _____

Company Representative: _____
Last name First name Middle name

Position Held: _____

Company Address: _____
Street Address

City State P.O. Box/Zip Code

Phone number: _____ Email: _____

Fax: _____ Country: _____

Part 2: Technical Parameters

Space Station Parameters

Name of Space Satellite: _____

Orbital Type: GSO Non-GSO Others (Please specify): _____

Orbital Position (If applicable):

Degree E: _____ Degree W: _____

Launch Parameters:

Satellite Launch Date: _____

Satellite Life Span: _____

Satellite Constellation: YES NO

If yes, how many Satellites launched at time of application for Landing Rights: _____

How many Satellite's to be launched in total: _____

Satellite (Constellation) Altitude: _____ Orbital Planes: _____

Type of Space Station:

Fixed Satellite Service: Mobile Satellite Service: Others (Please Specify): _____

Brand/Manufacturer: _____

Frequency Band of Operation:

C – Band: Ka – Band: S – Band:
Ku – Band: L – Band: Other Bands: _____

Transmit Frequency Range of Operation: From _____ To: _____ MHz

Transmit (Tx) Center Frequency: _____ MHz

Receive Frequency Range of Operation: From _____ To: _____ MHz

Receive (Rx) Center Frequency: _____ MHz

Satellite Antenna Parameters:

Downlink EIRP: _____ dBW

Maximum Tx Antenna Gain: _____ dBi

Maximum Rx Antenna Gain: _____ dBi

Steerable Antenna: YES NO

Satellite Signal Parameters:

Polarization Type: _____

Bandwidth: _____ MHz

Transponder Traffic Loading: _____ MHz

Satellite Transmit Power: _____ dBW

Receive Power level Contour: _____ dBW

PFD at Earth’s Surface: _____ dBW/m²

Multiple Access/Modulation Type: _____

Satellite Foot Print: _____

Associated Gateway Earth Station:

Gateway Earth Station (GES) Site Name/ID (servicing Nigeria): _____

Network Operating Center (If different from GES Name/ID above): _____

Site Address: _____

Town/ City: _____ Country: _____

Latitude: Deg: _____ Mins: _____ Secs: _____ N S In Decimal: _____

Longitude: Deg: _____ Mins: _____ Secs: _____ E W In Decimal: _____

Site Elevation, Above Sea level (ASL): _____ Meters

Other Information

ITU Coordination fillings for Satellite: YES NO: (If YES, provide evidence/URL with application form).

Name of Satellite Network as registered in the BRIFIC: _____

Name of Satellite beam as registered in the BRIFIC: _____

Name of Satellite Home Administration: _____

Disclaimer and Signature

I certify that the provided information is 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*

*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. Two (2) passport sized photographs each of Two (2) authorized representatives of the company.
2. A copy of the receipt for processing fee (N 10,000:00) (To be paid via the following URL: <https://www.ncc.gov.ng/licensing-regulation/licensing/licensing-procedures#how-to-make-payments>).