



NIGERIAN COMMUNICATIONS COMMISSION

EARTH STATION SERVICE APPLICATION FORM

Part 1: General Information

- Applicant Information

Name of Company: _____

Company Representative: _____

Last

First

Middle

Position Held: _____

Address: _____

Street Address

City

State

Postal Code

P.O. Box: _____

Phone No.: _____

Email _____

Fax Tel. No.: _____

Country _____

Part 2: Technical Parameters

EARTH STATION PARAMETERS

TYPE OF EARTH STATION: Indicate applicable service type(s):

Fixed Earth Station

GMPCS

HAPS

Earth Station in Motion: GSO

NGSO

: On Board Ships

On Board Aircraft

On Board Land Mobile Vehicles

Other (Please Specify): _____

Brand/Manufacturer: _____

Frequency Band of Operation:

C-Band

Ku-Band

L-Band

Ka-Band

Others (Please Specify): _____

Hours of Operation:

From: _____

To: _____

Earth Station Facility Type:

Transmit only

Receive only

Transmit/Receive

(Transmitter) Not Applicable to TVRO Stations

(Transmitter) Not Applicable to TVRO Stations: Here you are to provide information regarding the proposed transmitter:

Transmit (Tx) Center Frequency: _____ MHz

Polarization: _____

Bandwidth: _____ 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): _____

Receiver

Provide information regarding the proposed Receiver:

Receiver (Rx) Center Frequency: _____ MHz

Polarization: _____

Bandwidth of Receive Signal: _____ MHz

Minimum Elevation Angle (Degree above Horizontal): _____

Height of Antenna above mean ground level (Meters): _____

Antenna

Provide information regarding the proposed Antenna.

Antenna Manufacturer: _____

Antenna Model: _____

Antenna Diameter: _____ Meters

Antenna Gain: _____ dBi

Azimuth: _____

Total Input Power to Antenna: _____ watts

Off-axis e.i.r.p Limits: In accordance with ITU-R. S. 524.9 for GSO Others (Please Specify): _____

Antenna Beamwidth (3dB) (Degree): Horizontal _____ Vertical: _____

Maximum Antenna Height:

Above Ground Level (AGL): _____ meters

Above Sea Level (ASL): _____ meters

Locations

Provide the following information.

Earth Station Site Name/id: _____

Site Address: _____

Town/ City: _____

Country: _____

Latitude: Deg: _____ Mins: _____ Secs: _____ E or W *In Decimal:* _____

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

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

Name of Space Satellite: _____

Orbital Position:

Degree E: _____

Degree W: _____

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: _____