



**NATIONAL COMMUNICATIONS AUTHORITY
(NCA), GHANA**

**Analogue Sound Broadcasting
Authorisation**

NCA FORM AP03A

Application Fee
Receipt No:

(Please attach Receipt)

Date:

(Submission Date)

Application Checklist. Tick (x) in box

- A completed application form
- Cover Letter
- Any other Supporting Documents – Please list
- Refer to Section 8 for required documents

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Application Form for Analogue Sound Broadcasting Authorisation

Type Of Application	
New	<input checked="" type="checkbox"/>
Renew	<input type="checkbox"/> - In case of New license application, please fill all sections below except section 5,6 & 7.
Modify	<input type="checkbox"/> - In case of Modifying a license, please fill the license number and the sections to be modified.
Cancel	<input type="checkbox"/> - In case of Renew or Cancel please fill all sections below for the service.

License Number: _____
(In case of Modifying a license)

Analogue Sound Broadcasting Service	
FM	<input type="checkbox"/>
Classification	Commercial <input type="checkbox"/> Community <input type="checkbox"/> Public <input type="checkbox"/> Public Foreign <input type="checkbox"/> Campus <input type="checkbox"/> Experimental <input type="checkbox"/>
Coverage (Applies to ONLY Commercial, Public and Public Foreign)	45km <input type="checkbox"/> 25km <input type="checkbox"/> 5km <input type="checkbox"/>

1.0 Administrative Information (to be filled by Applicant)	
Licensee/Applicant Name	A PLUS MEDIA
Customer ID (Fill "Applicant Identification form", in case you are a new applicant or you do not have your User ID) /	
Authorized Person	ASARE OBENG
Technical Contact	ASARE OBENG

2.0 Geographical information			
2.1	Location	Transmitter	Studio
		GOMOA DAHOM, CENTRAL REGION	GOMOA DAHOM, CENTRAL REGION
2.2	Longitude* (E/W)		
2.3	Latitude *		

3.0 Station Specific Technical Information

3.1	PI Code <i>(For Renewal Applicant ONLY)</i>	
3.2	Transmitter power (W) *	1500
3.3	Antenna height (m) *	60

4.0 Equipment Details

4.1	Manufacturer of Transmitter *	RVR
4.2	Model of Transmitter *	RVR
4.3	Manufacturer of Filter *	RVR
4.4	Model of Filter *	RVR

5.0 Antenna details

5.1	Manufacturer *	RVR
5.2	Model *	OMNI-DIRECTIONAL
5.3	Antenna gain (dBi) *	6
5.4	Polarization	<input type="checkbox"/> H - Horizontal <input type="checkbox"/> M - Mixed <input type="checkbox"/> V – Vertical
5.5A	Directivity	<input type="checkbox"/> Omni <input type="checkbox"/> Directional

5.5B In case of directional Antenna, Please fill the Antenna Radiation Pattern details below or provide a soft copy of the antenna pattern txt file

9NH/Attenuation at different azimuths of the horizontally polarized component with respect to maximum e.r.p. of the horizontally polarized component, dB
(do not fill in if the antenna is non-directional)

0°	180°
10°	190°
20°	200°
30°	210°
40°	220°
50°	230°
60°	240°
70°	250°
80°	260°
90°	270°
100°	280°
110°	290°
120°	300°
130°	310°
140°	320°
150°	330°
160°	340°
170°	350°

9NV/Attenuation at different azimuths of the vertically polarized component with respect to maximum e.r.p. of the vertically polarized component, dB
(do not fill in if the antenna is non-directional)

0°	180°
10°	190°
20°	200°
30°	210°
40°	220°
50°	230°
60°	240°
70°	250°
80°	260°
90°	270°
100°	280°
110°	290°
120°	300°
130°	310°
140°	320°
150°	330°
160°	340°
170°	350°

6.0 Implementation Plan			
		Start Date	End Date
6.1	Site Acquisition for studio and transmission system	01/02/25	31/02/2
6.2	Procurement of Equipment for studio and transmission system	01/03/25	31/04/25
6.3	Installation of Equipment for studio and transmission system	01/04/25	31/04/25
6.4	Engineering Test *	01/05/25	30/05/25
6.5	Invitation for Inspection	01/06/25	31/07/25

7.0 License(s) List (fill only in case of Renew or Cancel)		
#	7.1	7.2
	License Number	Date of Expiry
		__ / __ / __
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8.0 Attached Documents (to be attached by Applicant)	
Document Name	Check if attached
Evidence of the Financial Resource to establish the station (First time applicant only)	✓
Five (5) years Audited Financials Statement (Renewal application only)	
Evidence of community support (Applicable to Community Radio applicant)	
Tax Clearance Certificate (Renewal only, not applicable to Community Radio)	
SSNIT Clearance Certificate (Renewal only, not applicable to Community Radio)	
Any Other Relevant Document(s)	✓

9. Undertaking:

I/We **A PLUS MEDIA** hereby certify that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Licence/Authorisation, I/We shall abide by the terms and conditions upon which the Licence/ Authorisation is granted. I/We accept that my/our Licence/ Authorisation may be revoked and the appropriate penalty/ penalties applied if it is established that I/We have been granted Licence/Authorisation based on incorrect information. I/We further undertake to abide by all existing ITU Regulations and Communications laws of the country as well as other rules, regulations and directives that may be issued.

Date of Submission: ____/____/____
dd / mm / yy

Signature of Authorised Representative/Seal:

10. For Administrative use Only

Name of Employee who received the application	
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Date of Application receipt: ____/____/____
dd / mm / yy

Signature/Seal: