# NATIONAL COMMUNICATIONS AUTHORITY (NCA), GHANA

Analogue Sound Broadcasting Authorisation

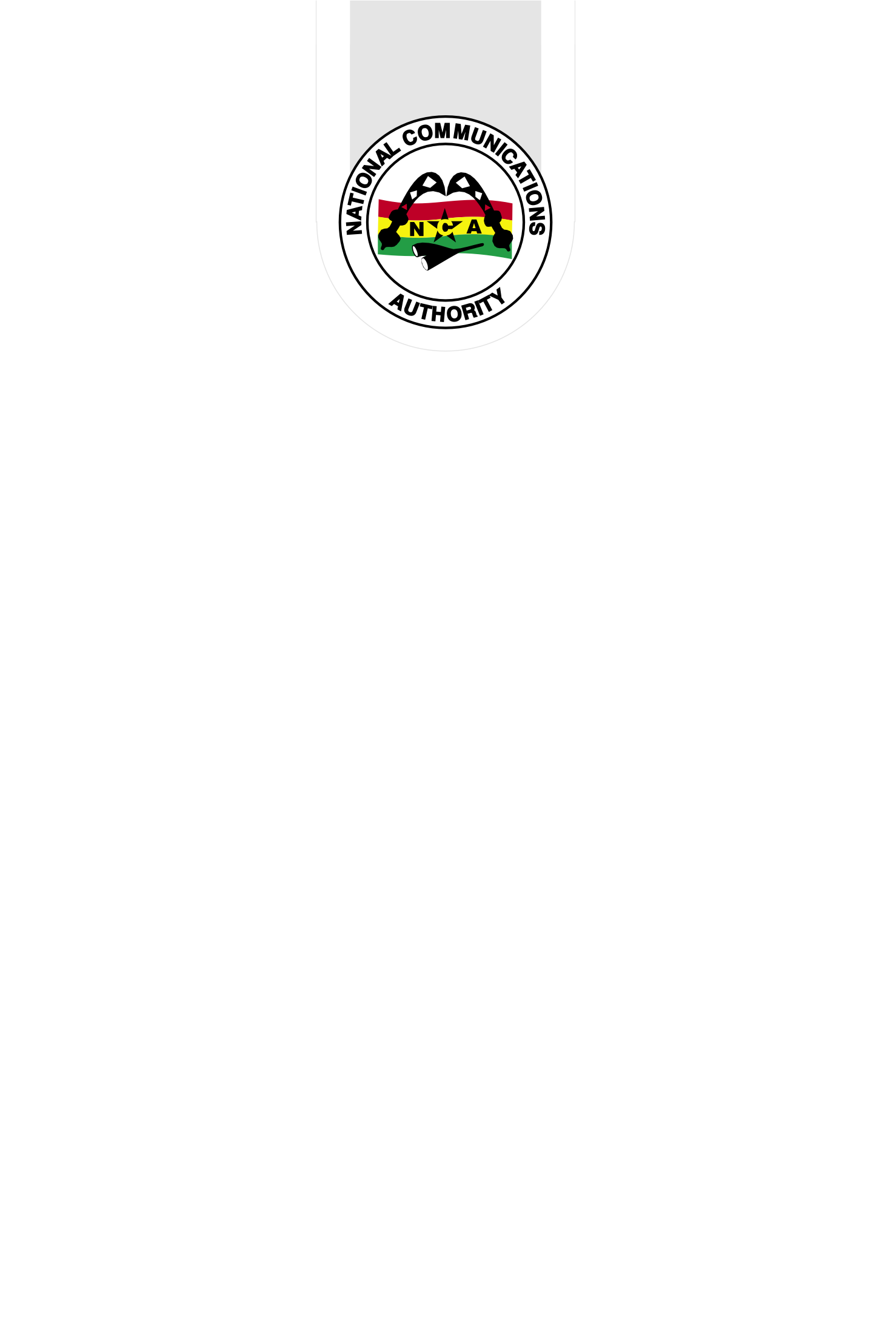
NCA FORM AP03A

## Application Fee Receipt No:

*(Please attach Receipt)*

## Date:

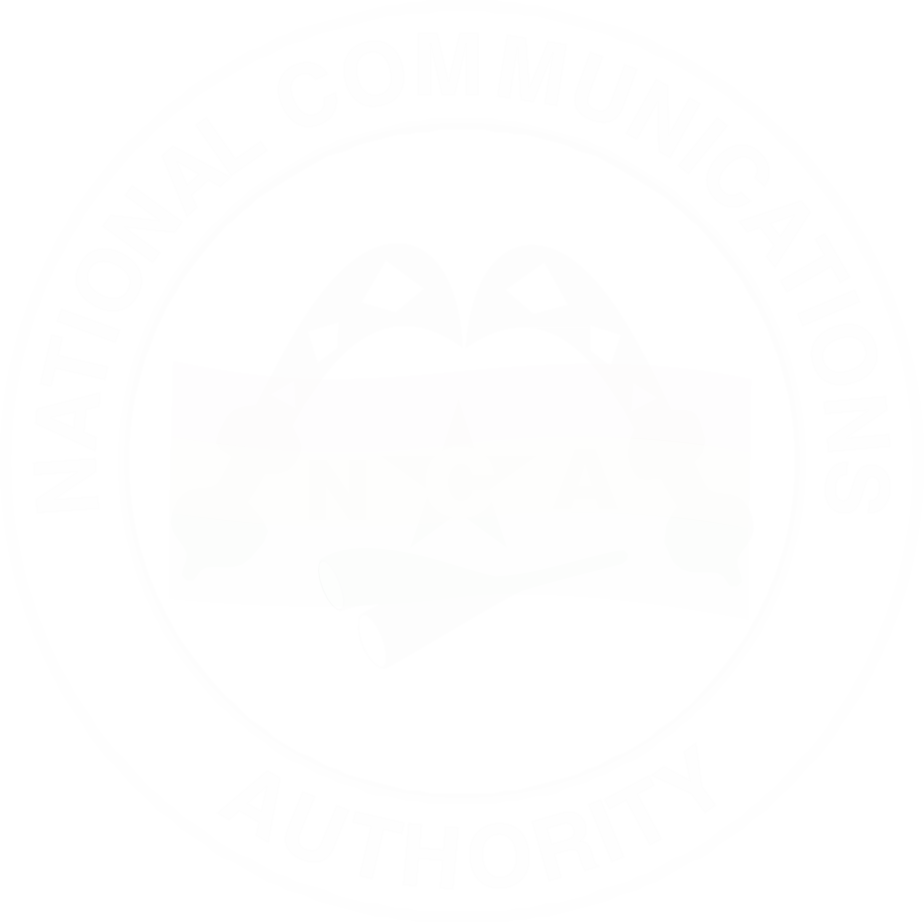
*(Submission Date)*



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

**Application Form for Analogue Sound Broadcasting Authorisation**



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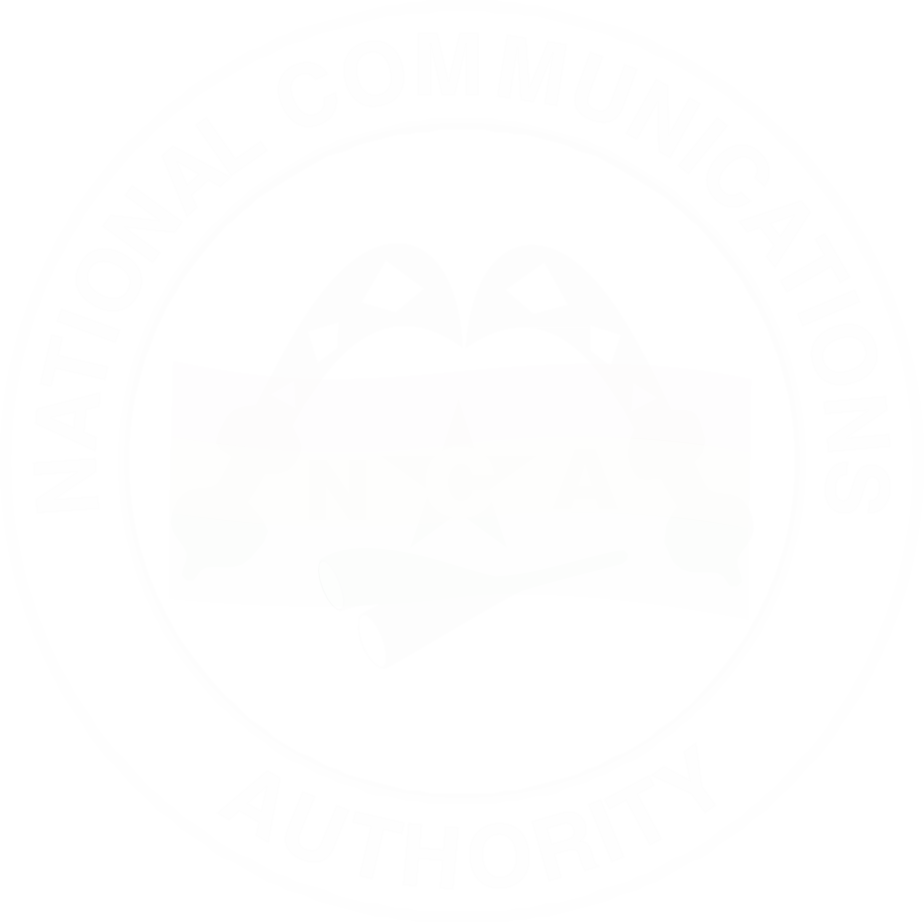
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| **Type Of Application** | | |
| New  Renew - In case of New license application, please fill all sections below except section  5,6 & 7.  Modify - In case of Modifying a license, please fill the license number and the sections to be modified.  Cancel - 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 | | |
| Classification | Commercial Community Public Public Foreign  Campus Experimental | |
| Coverage  *(Applies to ONLY Commercial, Public and Public Foreign)* | | 45km 25km 5km |
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| **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 |

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

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| **3.0 Station Specific Technical Information** | | |
| 3.1 | PI Code *(For Renewal Applicant ONLY)* |  |
| 3.2 | Transmitter power (W) \* | 1500 |
| 3.3 | Antenna height (m) \* | 60 |

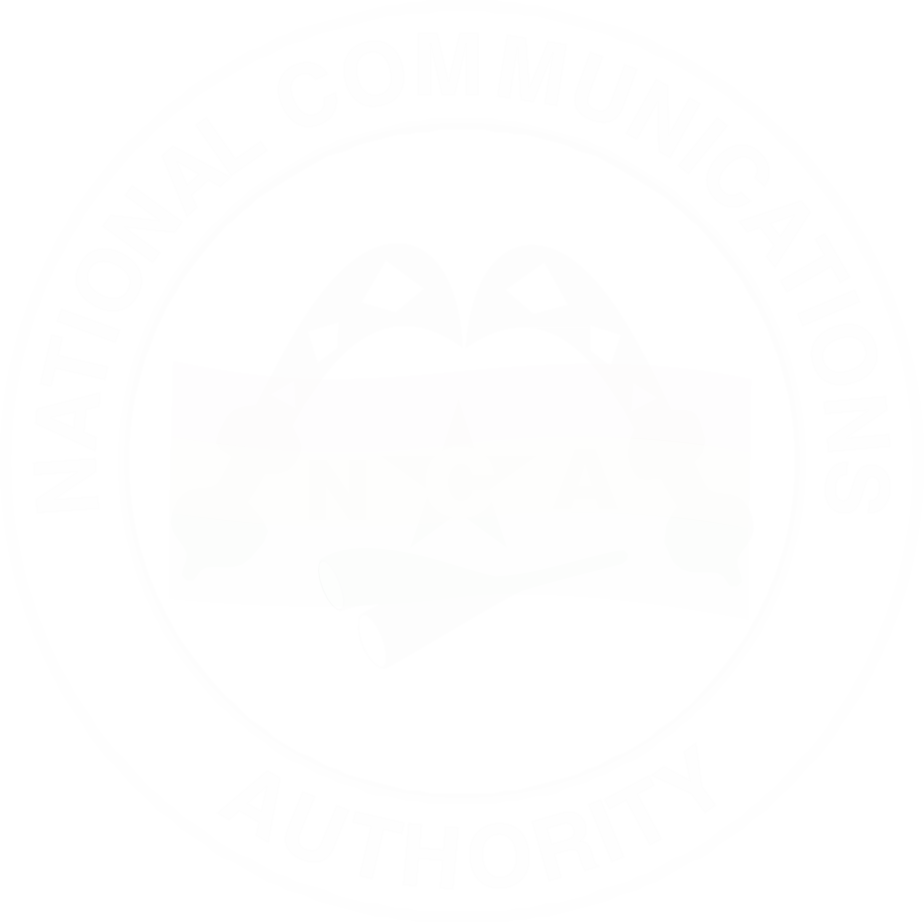


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| **4.0 Equipment Details** | | |
| 4.1 | Manufacturer of Transmitter \* | RVR |
| 4.2 | Model of Transmitter \* | RVR |
| 4.3 | Manufacturer of Filter \* | RVR |
| 4.4 | Model of Filter \* | RVR |

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| --- | --- | --- |
| **5.0 Antenna details** | | |
| 5.1 | Manufacturer \* | RVR |
| 5.2 | Model \* | OMNI-DIRECTIONAL |
| 5.3 | Antenna gain (dBi) \* | 6 |
| 5.4 | Polarization | H - Horizontal M - Mixed V – Vertical |
| 5.5A | Directivity | Omni 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 | |

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| **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 |



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| **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) |  |

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Signature of Authorised Representative/Seal:

Date of Submission: / /

dd / mm / yy

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.

**9. Undertaking:**

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| **10. For Administrative use Only** | |
| Name of Employee who received the application |  |
| Date of Application receipt: / /  dd / mm / yy Signature/Seal: | |

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