

# Application form for an authorisation for the use of private radio stations

<b>1.</b> Au	uthorisation				
1.3	1 New application				
	- Use :	permanent			
		temporary (< 1 y	ear)		
		from	to	(dd/mm/yy)	
- \	our authorisation application	is made on behalf of	a: legalperson	natural	
	.2 Modifications: see page 2, p		a. Togasperson	person	
	uthorisation on behalf o			рсгзоп	
Z. A	utilonsation on behalf o	r a legal person			
2.1	Name of the company:				
2.2	2 Company number:		(mand	atory)	
2.3	3 VAT number:				
2 /	Modification:				
3. A	uthorisation on behalf o	f a natural perso	n		
3.	1 First name:	Name:		(in ca	apitals)
3.2	2 National register number:	or	BIS number:	(man	datory)
4. Ac	Idress of the registered	office (legal pers	son) – home addres	ss (natural perso	n)
	ly companies with their regist te telephone number and gene				
4.:	1 Street:		Number:	Box:	
4.2	2 Postal code:	Municipality:		Country:	
4.3	3 Telephone number:	Gene	ric e-mail address:		
5 00	Idress the authorisation	must be sent to			
		must be sent to			
	Contact person:		Telephone numb	er:	
	E- mail address: fill in only if the address is	different from the	Department :		
	Street:	amorent nom the	Number:	Box:	
		unicipality:		Country:	

6. Bil	ling address			
6.1	Contact person:		Telephone numbe	r:
6.2	E-mail address:		Departement:	
6.3	Internal reference:		(e.g. PO number)	
6.4	Yes, I wish to receive	e an electronic bill at the following	e-mail address:	
To f	ill in only if the address	is different from the one in po	oint 4	
6.5	Street:		Number:	Box:
6.6	Postal code:	Municipality:	Country:	
7. Mc	odifications			
File nu	ımber::			
		Former data		New data
Registe	red company name:			
Name o	of the company:			
rvaine c	or the company.			
	s of the registered			
	r home address I person)			
	k administrator, address, telephone,			
e-mail.				
Rilling	address, contact			
	e-mail			
	cation e-mail address nic billing			
	ation of the network			
	sition (power, nties, bandwidth)			

## **TECHNICAL PARAMETERS FOR A BASE, RELAY OR TRANSPORTABLE STATION**

N	1	Type of station	Place of installation		Geographical	Brand and type of	Desired frequency	Simpley (S) or	Analogue (A) o	Band-	Channe-	Power	Antenna	Ante	enna type	Installation
Number (1)	Base	Relay Transportable	(e.g. ground floor)	Full adress	Geographical coordinates (2)	station	Desired frequency /frequencies or band(s)	Duplex (D)	digital (D)	width (3)	ling (4)	(in Watt)	height (in	Omnidirect. without gain	Other (6)	Indoor (I) or Outdoor (O)
(1)		table								(3)	(4)		metres) (3)	without gain		Outdoor (O)

You will find below some information which could be useful to fill in the form:

- (1): Indicate the <u>total number</u> of stations with the same characteristics per line.(2): Indicate the exact geographical coordinates. If you do not know them, you must attach a map.
- (3): e.g. 4K00, 7K60, 11K0...
- (4): e.g. 25 KHz 12.5 KHz 6.25 KHz
- (5) : Height above ground level.
- (6): In case of use of a directional antenna, the characteristics must be indicated in a separate annex.

<sup>\*</sup> additional information on the technical data on the last page

## **TECHNICAL PARAMETERS OF THE PORTABLE/MOBILE STATIONS**

Numbe (1)	Portable station (X)	Mobile station (X)	Name of the place of use	Address of the centre of the place of use	Geographical coordinates (2)	Brand and type (portable) or type Vehicle (mob.) (3)	Range < 1 km (X)	Range > 1 km (4)	Desired frequency/ frequencies or frequency band(s)	Analogue (A) of digital (D)	Band- witdth (5)	Channeling (6)	Power (in Watt)	Antenna height mobilel station (7)	Max height of use of a portable station (8)

You will find below some information which could be useful to fill in the form:

(1) : Fill in the **total number** of stations with the same characteristics per line.

(2): Fill in the exact geographical coordinates. If you do not know them, attach a detailed map.

(3): Type of vehicle: e.g. truck, taxi...
(4): Number of km.

(5): e.g. 4K00, 7K60, 11K0...

(6): e.g. 25 KHz - 12.5 KHz - 6.25 KHz

(7): Height above ground level.(8): Height above ground level.

\* additional information on the technical data on the last page

### **TECHNICAL PARAMETERS OF THE WIDE BAND AUDIO STATIONS**

Number (1)	Address of the place of use	Geographical coordinates (2)	Brand and type of device	Range < 1 km (X)	Range > 1 km (3)	Desired frequency/ frequencies or frequency band(s)	Analogue (A) or digital (D)	Bandwidth(4)	Channeling (5)	Power(in Watt)	Antenna height (6)	Installation : Indoor (I) or Outdoor (O)
												1

You will find below some information which could be useful to fill in the form:

(1): Fill in the **total number** of stations with the same characteristics per line.

(2): Fill in the exact geographical coordinates. If you do not know them, attach a detailed map.

(3): e.g. 50K0- 180K... (4): e.g. 25 KHz - 12.5 KHz - 6.25 KHz

(5): Height above ground level.

(6): In the event of an application for a directional antenna, a separate annex with the characteristics must be attached.

\* additional information on the technical data on the last page

#### **TECHNICAL PARAMETERS OF THE VIDEO LINKS**

Number (1)	Address of the place of use	Geographical coordinates (2)	Brand and type of device	Range < 1 km (X)	Range > 1 km (3)	Desired frequency/ frequencies or frequency band(s)	Analogue (A) or digital (D)	Bandwidth (4)	Channeling (5)	Power (in Watt)	Antenna height (6)	Installation: Indoor (I) or Outdoor (O)

You will find below some information which could be useful to fill in the form:

(1) : Fill in the **total number** of stations with the same characteristics per line.

(2): Fill in the exact geographical coordinates. If you do not know them, attach a detailed map.

(3) : e.g. 8M00 - 20M0...

(4) : e.g. 25 KHz - 12.5 KHz - 6.25 KHz

(5): Height above ground level.

(6): In the event of an application for a directional antenna, a separate annex with the characteristics must be attached.

\* additional information on the technical data on the last page

## **Network overview (indicate the transmitters only)**

1	Composition	Number of base stations:	
		Number of relay stations:	
		Number of transportable stations:	
		Number of portable stations:	
		Number of mobile stations:	
2	Type of communications:	Paging system	
		Voice communication	
		Data communication	
		Remote control or telemetry	
		Audio links	
		Video links	
		Other (please specify):	
3	Area of use:	National	
		Regional (please specify) :	
		Provincial (please specify:	
		Municipal (please specify):	
		Local use (to specify in the technic	al specifications)
		Aeronautical (please specify):	Designed operational coverage (DOC)
			Range in NM (Nautical Miles)
			Height in feet
4	Annexes : (maps, documentation	on) Number:	
5	Purpose, need and description	of the radio communication network (	if necessary, add a separate note).
	Please send us a map showing stations. The map shall have a	the location of the base and relay sta resolution allowing to determine the l	tions as well as the area of use of the mobile and portable ocation of the base and relay station up to 20 m.

#### 8. Declaration and signature

- 8.1 I hereby declare that this application form is complete and true.
  - -I accept that any application for authorisation will give rise to the payment of an administrative fee to cover the costs of reviewing the application.
    - If an application for a definitive authorisation is introduced less than 20 working days before the desired start date, the administrative fee shall be doubled.
    - If an application for a definitive authorisation is introduced less than 5 working days before the desired start date, the administrative fee shall be increased fivefold.
    - If an application for a temporary authorisation is introduced less than 5 working days before the desired start date, the administrative fee shall be doubled.
    - If an application for a temporary authorisation is introduced less than 2 working days before the desired start date, the administrative fee shall be increased fivefold.

The date that shall be considered is the date of the postmark for new applications by mail and the date of receipt for new applications by fax or e-mail.

- I accept that any request to modify a file shall give rise to the payment of an amount equal to half the administrative fee.
- I am authorised and/or mandated to sign the authorisation application (if mandated, please add a certificate issued by the owner of the radio communications network).
- 8.2 Incomplete or unsigned applications shall not be processed; the BIPT cannot be held responsible for any damaging delays that may occur as a result of this.

8.3	Name of the signatory:		
8.4	Position of the signatory:		
8.5	Date:	Place:	
8.6	Signature:		<b>Wa</b>

**Warning**: if you sign this document electronically, you will not be able to modify it afterwards and you must save it on your computer. You can send it back to us by e-mail together with the annexes.

You may sign this document with a digital signature. A digital identification is required.

You can also print this form, sign it and send it together with the annexes by post or e-mail at the following address: licencesradio@ibpt.be.

#### Postal address:

Belgian Institute for Postal Services and Telecommunications Licences Department Ellipse Building – Building C Boulevard du Roi Albert II 35 Box 1 1030 Brussels

#### **IMPORTANT INFORMATION**

Frequencies are always allocated within the framework of an efficient use of the spectrum. The requested characteristics concerning the stations can be supplemented, modified or refused if necessary.



