

Office/Département
Centre for Telcoms

Contact:
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Application for temporary frequency licence

| | | |
|---|--------------------|-------------------------|
| Name of applicant | | |
| Address | Postal Code / City | |
| Country | Contact Person | |
| Email | Telephone | Order Number (optional) |
| Bank, account number, IBAN and Swift number. (For the use of potential repayment) | | |

Application concerning

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| <input type="checkbox"/> Land mobile radio* <input type="checkbox"/> Simplex use <input type="checkbox"/> Duplex use <input type="checkbox"/> mobile radio devices <input type="checkbox"/> Base station <input type="checkbox"/> Remote control <input type="checkbox"/> Wireless microphones* <input type="checkbox"/> Fixed link <input type="checkbox"/> VSAT/SNG (Less than 60dBW EIRP licence exempt in Denmark)* <input type="checkbox"/> Moving camera* <input type="checkbox"/> Other use _____ |
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*See guidelines

Danish Energy Agency

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