



Botswana Telecommunications Authority
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SATELLITE SERVICE LICENSE APPLICATION FORM

1. APPLICANT PARTICULARS

Client Type	_____	Legal Type	_____
First Name	_____	Last Name	_____
VAT Number	_____	Nationality	_____
Customer No.	_____	Company Reg. Number	_____
Company	Contact Person		

Physical Address

Street	_____	Plot No.	_____
Ward	_____	City	_____
Region	_____	Tel. No.	_____
E-mail Address	_____	Mobile No.	_____
Fax. No.	_____	Nature of Business	_____

Postal Address

P.O. Box	_____	_____	_____
Private Bag	_____	City	_____
Ward	_____	Tel. No.	_____
City	_____	Mobile No.	_____

Operational Site Details

Detail Information:

Site Location* _____

Physical Address of Base Station or Operation Area:

Street _____

Township _____

City/Town* _____

District* _____

Country* _____

Latitude* _____ ° _____ ' _____ ''

Longitude* _____ ° _____ ' _____ ''

Site Altitude(m) _____

Site Category* **Host** **Repeater**
 Transmit

Equipment:

Make* _____ **Model*** _____

Equipment Serial Number* _____

Uplink Frequency (MHz)* _____

Downlink Frequency (MHz) _____

Power to Antenna* _____ Watts dBm

Antenna:

Make* _____ **Model*** _____

<i>Official use only</i>	
<input type="checkbox"/> Using TCI	<input type="checkbox"/> Other
Antenna Type (Ant. Pattern)	(/)

Antenna Gain (dB)* _____

Polarization* _____

Antenna Height (m)* _____

Main Lobe Azimuth (deg)* _____

Beam Width (H deg)* _____

Beam Width (V deg)* _____

Antenna Diameter (m)* _____

**Required: Customer must fill in these fields*

Satellite Site Type (Choose one)

- INTELSAT VSAT
- INMARSAT A SNG
- INMARSAT B LAND SATELLITE LINK
- INMARSAT C
- INMARSAT M LAND
- Others

Operational Date:

<i>Official use only</i>	
Service Class	
Station Class	
Staff Code	

Inmarsat Information:

Number Allocated	
Service	Inmarsat Number

<i>Official use only</i>	
CallSign	
Equipment Fee Code	
Fee Count	