



Botswana Telecommunications Authority
Plot 206 & 207 Independence Avenue
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TELEVISION AND SOUND BROADCASTING 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.	_____

Note: if you are applying for multiple service type fill only one Administrative Information form.

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2. OPERATIONAL SITE DETAILS

(You may need to consult your supplier to assist in completing this part of the form)

Type : Broadcasting <input type="checkbox"/>		Fixed Station <input type="checkbox"/>	Mobile Station <input type="checkbox"/>
Base Station	_____		
Station Name	_____	Site Category	_____
Street	_____		
Ward	_____	Site Altitude(m)	_____
City	_____	Latitude	_____
Region	_____	Longitude	_____
Country	_____	Contact Person at Site	_____
Service Class	_____	Station Class	_____
Purpose	_____	Number of Sites	_____

Equipment

Type : Transceiver <input type="checkbox"/>		Transmitter <input type="checkbox"/>	Receiver <input type="checkbox"/>
Callsign	_____		
Approval Number	_____	Make	_____
Model	_____	Serial Number	_____
Frequency Range	_____ / _____	Bandwidth (KHz)	_____
Preferred Frequency Band	_____	Output Power	_____
Total Preset Channels	_____	Channel Width (MHz)	_____
Emission Class	_____	Modulation Type	_____
Rx sensitivity (dbm)	_____	Rx Selectivity	_____

Antenna

Antenna Type	_____	Antenna Gain (dB)	_____
Polarization	_____	Antenna Height (m)	_____
Main Lobe Azimuth (deg)	_____	Beam Width (deg)	_____
Feed Type	_____	Feed Length (m)	_____