

BOTSWANA TELECOMMUNICATIONS AUTHORITY

Application for type approval

BTA/RF/30

A. APPLICANT

Name	Telephone
	Telefax
Address	Contact persons

B. MANUFACTURER

Name	Telephone
	Telefax
Address	Contact persons

C. REPAIR SERVICE PROVIDER IN BOTSWANA

Name	Telephone
	Telefax
Address	
Address	Contact persons

D. REQUESTED APPROVAL

Telecommunications terminal equipment

<input type="checkbox"/>	1. Approval based on test report and certificate of conformity (all tested requirements are met) Enclosing test report No.....Carried out by.....
<input type="checkbox"/>	2. Approval based on test report without certificate of conformity (all tested requirements are not met). Enclosing test report No.....Carried out by.....
<input type="checkbox"/>	3. Approval based on declaration of conformity (equipment using V- and X-access to the public telecom's network) Enclosing Declaration of conformity
<input type="checkbox"/>	4. Supplementary registration With reference to approval No.....NB All differences between the old and new equipment must be listed

Radio equipment

<input type="checkbox"/>	5. Approval based on test report Enclosed test report No.....Carried out by.....
<input type="checkbox"/>	6. Approval based on certificate (equipments with harmonized standard and frequency) Enclosing certificate No.....Issued by.....
<input type="checkbox"/>	7. Approval based on earlier approved equipment (variant) With reference to approval No.....NB All differences between the old and new equipment must be listed

E. DOCUMENTATION ENCLOSED

<input type="checkbox"/> Test report	<input type="checkbox"/> Operating instructions
<input type="checkbox"/> Declaration of conformity/certificate	<input type="checkbox"/> Description of repair service in Botswana
<input type="checkbox"/> Circuit diagram	<input type="checkbox"/> Receipt on payment of application fee
<input type="checkbox"/> Brief technical description (product sheet)	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Copy of markings	<input type="checkbox"/> Other (describe)

F. DESCRIPTION OF EQUIPMENT

TELECOMMUNICATIONS TERMINAL EQUIPMENT

Type of equipment (modern, telefax, telephone etc)

Brief description of the equipment (to be used in the list of approved equipment and in the certificate of approval)

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Name of equipment

Product identification (number and function designation) together with version number. A copy of markings should be enclosed. A63

Software (if any) – number and model designation of version

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RADIO EQUIPMENT

Type of equipment:

<input type="checkbox"/> Transmitter	<input type="checkbox"/> Receiver	<input type="checkbox"/> Transceiver
<input type="checkbox"/> Base	<input type="checkbox"/> Mobile	<input type="checkbox"/> Portable
<input type="checkbox"/> Other equipment: description		

Frequency/range/fixed frequencies

Channel separation

.....MHz

.....kHz

Name of the equipment/type designation

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G. ADDITIONAL INFORMATION

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.....
.....
.....

H. SIGNATURE

Name of applicant and stamp	Signature (responsible applicant)
Place and Date	Name and position in clear (block letters)

BTA NOTES

Application received date.....	Signature
Decision on application date.....	Signature
Decision sent to applicant date.....	Signature