



Botswana Telecommunications Authority
 Plot 206 & 207 Independence Avenue
 Private Bag 00495, Gaborone
 Tel: 267 3957755, 267 3957976
 Email: bta@info.bw

FREQUENCY APPLICATION FORM

1. APPLICANT PARTICULARS

Applicant Name:

Physical Address: Tel. No:

Postal Address: Facsimile No:

Contact Person: E-Mail :

Describe the nature of your business activities.
 (Give a brief description of what the radios will be used for)

2. TECHNICAL CHARACTERISTICS

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

2.1 What type of transmission will be used?

(Tick s appropriate)

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Voice |
| <input type="checkbox"/> | Data and Voice |
| <input type="checkbox"/> | Data |
| <input type="checkbox"/> | Alarm |

2.2 Total number of radios to be used

(include all vehicle mounted and hand held equipment)

| | |
|----------------------|--------------------|
| <input type="text"/> | Base Stations |
| <input type="text"/> | Repeaters |
| <input type="text"/> | Mobile (vehicle) |
| <input type="text"/> | Mobile (Portables) |

2.3 Which frequency band do you wish us to consider first when making an assignment?

| | | |
|--------------------------|----------|-----------------------|
| <input type="checkbox"/> | HF | 3.000 - 30.000 MHZ |
| <input type="checkbox"/> | VHF LOW | 68.000 - 87.500 MHZ |
| <input type="checkbox"/> | VHF MID | 138.000 - 146.000 MHZ |
| <input type="checkbox"/> | VHF HIGH | 146.000 - 174.000 MHZ |
| <input type="checkbox"/> | UHF 1 | 400.000 - 450.000 MHZ |
| <input type="checkbox"/> | UHF 1 | 450.00 - 470.00 MHZ |

2.4 Method of operation
(tick the appropriate box)

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Single Frequency operation (Simplex) |
| <input type="checkbox"/> | Dual frequency operation (Duplex) |

2.5 If you are taking over an existing licence are all the technical details the same?

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

IF no what changes have been made

| |
|------------------|
| |
|------------------|

3. OPERATIONAL SITE DETAILS

3.1 Will you be using a base station?

(A base station is defined as a radio transceiver attached to a permanently fixed antenna)
(tick the appropriate box)

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
|--------------------------|-----|

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | No - operational area only |
|--------------------------|----------------------------|

3.2 Address of the base station or operational area

Physical Address:

| |
|------------------|
| |
|------------------|

**Geographical
Coordinates:**

| |
|------|
| |
|------|

Longitude

| |
|------|
| |
|------|

**Contact Person
at this Location:**

| |
|------|
| |
|------|

**Telephone:
Fascimile :**

| |
|------|
| |
| |

3.3 Height of the top of the base station antenna above ground level in meters

| | |
|------|---------------|
| | Metres |
|------|---------------|

3.4 What type of Base Antenna would you like to use with your base station?

(You should not purchase any equipment including the antenna until you have received your licence since The Authority may require you to use a specific type of antenna to ensure minimum interference is caused to other co-channel operators)

| | | |
|--------------------------|---|----------------------|
| <input type="checkbox"/> | Omni-directional antenna | |
| <input type="checkbox"/> | Dipole antenna | |
| <input type="checkbox"/> | Downfire antenna | |
| <input type="checkbox"/> | Radiating cable | |
| <input type="checkbox"/> | Directional Antenna(Yaggi) | |
| <input type="checkbox"/> | Angle of tilt below the horizontal plane in degrees | |
| <input type="checkbox"/> | Direction of antenna in degrees east of North | |
| <input type="checkbox"/> | Other Specify | <input type="text"/> |

3.5 What is the gain of your selected antenna

dB

4.0 RADIO DEALER DETAILS

It may be helpful for your radio supplier to be notified of your frequency assignment Provide the required information below if you would like a copy of your licence and any additional or revised licence schedule to be sent to your supplier.

Radio Dealer:

Postal Address:

Telephone:

Fascimile:

5.0 DECLARATION

I declare that all the details given in this application form are correct to the best of my knowledge.

| | |
|----------------------|---------------------------------------|
| <input type="text"/> | Applicant Full Name (Capital Letters) |
| <input type="text"/> | Position in Organisation |
| <input type="text"/> | Signature of the Applicant |
| <input type="text"/> | Date of Application |

A Completed application form should be sent to:

Botswana Telecommunications Authority
Independence Avenue Plot 206 & 207
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Gaborone, Botswana
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