



ICTQATAR REGULATORY AUTHORITY
APPLICATION FOR BROADCASTING RADIO SPECTRUM LICENSES

FORM: SB/01

APPLICANT'S DECLARATION

1.1 I declare that:

- the information provided in this application is complete and correct;
- any equipment and / or radio spectrum licensed as a result of this application will be used in compliance with ictQATAR Laws and Regulations;
- I / we will notify ictQATAR of any changes to the information provided;
- I am authorized to sign this application on behalf of the applicant.

1.2 Name:

1.6 Company stamp (if applicable):

1.3 Position:

1.4 Signature:

1.5 Date:

APPLICANT INFORMATION

2.1 ictQATAR Customer Number:

Please note. If you have an existing customer number and have previously provided the following information you need only complete the Applicant Information sections if your details need to be amended in our records.

2.2 Name / Company / Organisation:

2.3 Nationality / Place of registration:

2.4 Profession:

2.5 PO Box:

2.6 Address:

2.7 Main contact:

2.10 Position:

2.8 Contact email:

2.11 Mobile Tel:

2.9 Office Tel:

2.12 Fax:

INVOICING INFORMATION (IF DIFFERENT FROM ABOVE)

3.1 Name / Company / Organisation:

3.2 PO Box:

3.3 Address:

3.4 Invoicing contact:

3.7 Position:

3.5 Contact email:

3.8 Mobile Tel:

3.6 Office Tel:

3.9 Fax:

APPLICATION TYPE (TICK AS APPROPRIATE)

New application:

Renewal:

Modification:

Cancellation:

APPLICATION SUBMISSION

Please send* completed applications to:

Regulatory Authority – Spectrum Affairs
The Supreme Council of Information & Communication Technology (ictQATAR)
P.O. Box 23264, Al Nassr Tower, Post Office Roundabout, Al Corniche,
Doha, Qatar

* by fax, post, courier or hand deliver.

For Spectrum Planning Section:

Date Received:

Approved:

Not Approved:

License Number:

Staff No.

Remarks:

Date Completed:

For Spectrum Management Section:

Date Received:

Approved:

Not Approved:

License Number:

Staff No.

Remarks:

Date Completed:

TYPE OF LICENSE APPLIED FOR

1.1 Commercial Radio Broadcasting (FM)

1.2 Community Radio broadcasting (FM)

1.6 Digital Terrestrial TV

1.7 Digital Terrestrial Radio

1.8 Digital Video Broadcasting - handheld

MULTIPLEXER/TRASNMITTER SITE DATA (For each Multiplexer/Transmitter in the Network)

2.1 Requested start date of license:

Transmitter/ Multiplexer site information:

2.1 Site address

2.2 Site coordinates

Technical details:

2.6 Frequency /channel

2.8 Transmitter power

2.9 Equipment manufacturer

2.10 Equipment model

2.11 Antenna Manufacturer

2.12 Antenna Model

2.13 Antenna type

2.14 Antenna height

2.15 Antenna polarisation

2.16 Antenna radiation pattern
(if directional, state direction and max ERP)

2.17 Service area

2.18 Service offered

2.19 Operation Hours (Local Time)

2.20 Area for which license is required*:

Centre point:

Lat:

Long:

Radius (kms)

or

Northern limit:	Lat:		Long:		Western limit:	Lat:		Long:	
Southern limit:	Lat:		Long:		Eastern limit:	Lat:		Long:	
ADDITIONAL INFORMATION									

*** For Digital Terrestrial Multiplexer Network Licenses**

DOCUMENTS TO BE ENCLOSED (FOR NEW APPLICATION)									
Copy of CR									
Copy of Corporate card									
Authorization from Ministry of Culture, Arts and Heritage (For Analogue Broadcasting Radio Station Licenses)									
Network diagram									
Detailed Technical Specifications									
DOCUMENTS TO BE ENCLOSED (FOR CANCELLATION)									
Copy of receipt of final payment									
Original license									
Copy of the shipment document (Airway bill & packing list)									
or									
Declaration that equipment will be written-off under the supervision of ictQATAR staff									