



SOLOMON ISLANDS GOVERNMENT

MINISTRY OF TRANSPORT, WORKS AND UTILITIES
SPECTRUM MANAGEMENT DIVISION

APPLICATION TO ESTABLISH A FIXED RADIOCOMMUNICATIONS STATION IN ACCORDANCE WITH THE TELECOMMUNICATIONS ORDINANCE 1971.

1. NAME OF APPLICANT. _____

2. Postal Address. _____ Phone NO: _____

_____ Fax NO: _____

3. TYPE OF RADIO STATION: 1. FIXED 2. LAND MOBILE 3. BASE STATION
 4. SHIP STATION 5. AMATEUR 6. HANDHELD

EQUIPMENT DETAILS AND LOCATION OF STATIONS

(a) Name and address of supplier of radio equipment _____

Manufacturer	Model	Serial Number	Power	Location	Latitude	Longitude

(b) Frequencies _____

Applicant's signature: _____ Full Name: _____

Date: _____ Occupation: _____

NOTE: All radio operators must obtain a valid RADIO OPERATORS CERTIFICATE.

OFFICIAL USE ONLY

Does the applicant or anyone in the organisation has a valid RADIO OPERATORS CERTIFICATE?

YES / NO.

Type of radio equipment : APPROVED / NOT APPROVED.

Callsign : _____ Sign : _____ Full Name : _____

Date : _____ Title : _____