

**Class Licence(s) Application Form - Type B**  
Under section 33.1 of the Telecommunications Act 2000

**St. Lucia**

Please tick as appropriate:

- Aeronautical Mobile Radio Licence
- Land Mobile Radio Licence
- Maritime Mobile Radio Licence

National Telecommunications Regulatory Commission

NTRC Secretariat

Vide Bouteille

P. O. Box GM 690

Castries

**St. Lucia**

**Guidance Notes**

- This application form can be used for first issue and renewal of licences.
- Three (3) copies of the completed application form should be submitted in an envelope clearly marked “Telecommunications Licence Application” addressed to the Secretary, National Telecommunications Regulatory Commission, P. O. Box GM 690, Castries, St. Lucia.
- The completed application form must be accompanied by a fee of Four Hundred Eastern Caribbean Dollars (**EC\$ 400.00**), per licence, payable to the National Telecommunications Regulatory Commission, St. Lucia
- For renewal of licence(s), please attach a copy of the present or existing licence to completed application form.
- Please indicate which, if any, information provided by the applicant in this application is confidential.
- Please note that any word, phrase or expression used herein shall have the same meaning as it has in the Telecommunications Act 2000.

**1. PART 1 – The Applicant**

(Please complete fully in type or block letters)

**1.1 Contact Details**

1.1.1 Name and address of applicant

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1.1.2 (a) Licence No:- \_\_\_\_\_ (b) Handle \_\_\_\_\_

1.1.3 Designated contact person: \_\_\_\_\_

1.1.4 Telephone number: \_\_\_\_\_

1.1.5 Fax Number: \_\_\_\_\_

1.1.6 Email address: \_\_\_\_\_

1.1.7 Website: \_\_\_\_\_

1.1.8 If the licence is required for a (registered) business

(a) State whether the applicant is a company, partnership, sole proprietorship

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(b) Please supply the business's registration number :

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1.1.9 If question 9 does not apply, and a licence is being applied for personal use, please answer the following questions:

(a) Date of Birth: \_\_\_\_\_ Age on last birthday: \_\_\_\_\_

(b) Nationality \_\_\_\_\_

(c) Registration Number of Identification Card: \_\_\_\_\_

(d) Passport Number: \_\_\_\_\_

(e) Occupation: \_\_\_\_\_

## 2 PART II – Technical Details

### 2.1 Frequency Band:-

- |   |   |
|---|---|
| <input type="checkbox"/> VLF - Very Low Frequency | <input type="checkbox"/> VHF - Very High Frequency  |
| <input type="checkbox"/> LF - Low Frequency       | <input type="checkbox"/> UHF - Ultra High Frequency |
| <input type="checkbox"/> MF - Medium Frequency    | <input type="checkbox"/> SHF - Super High Frequency |
| <input type="checkbox"/> HF - High Frequency      | <input type="checkbox"/> EHF - Extra High Frequency |

### 2.2 Class of Station:-

- Aeronautical Mobile Radio
- Land Mobile Radio
- Maritime Mobile Radio

### 2.3 Required Frequency Range:- \_\_\_\_\_

### 2.4 Nature of Service:- \_\_\_\_\_

### 2.5 Number of Channels Required:- \_\_\_\_\_

Voice:- \_\_\_\_\_ VFT<sup>1</sup>:- \_\_\_\_\_ Data:- \_\_\_\_\_ Others:- \_\_\_\_\_

### 2.7 Details of Communication Points:- (If this space is not sufficient, please use extra paper to indicate the stations)

Type of Station	Location of Station or/Registration No. of Vehicle/Boat/Aircraft	Number of Units	Call Sign
Base/Fixed			
Mobile			
Portable / Handheld			
Repeater			
Any Other Equipment			

<sup>1</sup> VFT – Voice Frequency Telegraphy

2.8 Name and address of the manufacture of Equipment:-

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2.9 Details of Equipment:- (Photocopies of the technical specification of equipment manual should be attached)

Type of Station	Make and Model	Serial Number	R.F Output	Class of Emission	Necessary Bandwidth
Base/Fixed					
Mobile					
Portable / Handheld					
Repeater					
Any Other Equipment					

2.10 Details of Antenna:- (Radiation patterns of the antenna must be furnished).

Station	Type	Height	Maximum Gain	Azimuth	Beam Width	Polarization
Base/Fixed						
Mobile						
Portable / Handheld						
Repeater						
Any Other Equipment						

**PART III - DECLARATION<sup>2</sup>**

On behalf of the applicant, I declare that the information provided by me on behalf of the applicant is accurate and complete in all respects.

**Signed**

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**Full name of signatory:**

**Position held:**

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**Date:-**

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<sup>2</sup> This declaration must be signed:

in the case of an **individual**, by the person in whose name the application is made;

in the case of a **sole proprietorship**, by the sole proprietor, or

in the case of a **partnership**, by a partner; or

in the case of a **company or other body corporate**, by a director, company secretary or other authorised officer.