



Public Utilities
Regulatory Authority
Equity in development

APPLICATION FOR RADIOCOMMUNICATION SERVICES

FIXED AND MOBILE STATION



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Note: All applicants are required to complete all fields for the specified equipment type for Fixed and Mobile Stations. Please note that some fields may not be applicable to all.

SECTION A: ADMINISTRATIVE INFORMATION	
Company:	
Trade Name:	
Contact Details:	
Postal Address:	
Physical Address:	
City:	
District:	
Telephone Numbers:	
Fax Number:	
Email:	
Company / NGO Registration Number:	
Do you already have a license with PURA?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above is yes, what License were you issued with?	
Has any of your licenses ever been cancelled, suspended, or modified?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the answer to the above is yes, please explain why.	

SECTION B: CONTACTS			
TECHNICAL		LEGAL	
Name:		Name:	
TIN number:		TIN number:	
Location:		Location:	
Township:		Township:	
City:		City:	
Region:		Region:	
Postal Address:		Postal Address:	
Telephone Number:		Telephone Number:	
Email:		Email:	
Fax Nr:		Fax Nr:	
Mobile:		Mobile:	

SECTION E: TECHNICAL INFORMATION						
Transmit Site: <input type="checkbox"/>	Receive Site: <input type="checkbox"/>	Repeater Site: <input type="checkbox"/>	STL Site: <input type="checkbox"/>	Amateur Radio: <input type="checkbox"/>		
Physical Location:						
City:						
Region:						
Geographical Coordinates of the Site:						
Latitude:	Deg.	Min.	Sec.	Hem.	N <input type="checkbox"/>	S <input type="checkbox"/>
Longitude:	Deg.	Min.	Sec.	Hem.	E <input type="checkbox"/>	W <input type="checkbox"/>
Altitude (m):						
Tilt Angle (deg.):						
Coverage area (m2):						
Number of frequencies needed:						

Equipment Information:				
Equipment Installer:	Name:			
	Title & Company:			
Equipment Type:	Transmitter <input type="checkbox"/>	Receiver <input type="checkbox"/>	Transceiver <input type="checkbox"/>	
Make:				
Model:				
Serial number:				
Preferred Frequency (MHz):	Transmission:		Receive	
Channel Bandwidth (MHz):	Transmission:		Receive	
Total Preset Channels:				
Transmitter Characteristics				
Frequency Range (MHz):	Minimum:		Maximum	
Transmission Channel Separation:				
Output Power (Watts):				
Type of service:				
Antenna Characteristics				
Make:				
Model:				
Frequency Range (MHz):	Lower:		Upper:	
Antenna type:				
Physical Height of Antenna above ground (M):				
Antenna Gain (dB):				
Main lobe azimuth (deg):				
Beam width (deg):	H <input type="checkbox"/>	V <input type="checkbox"/>		
Polarization:	H <input type="checkbox"/>	V <input type="checkbox"/>	C <input type="checkbox"/>	
Directivity:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Type of cable from Transmitter (Appendix A):				
Length of cable from Transmitter:				
Effective Radiated Power (W)				
Receiver Characteristics				
Frequency Range (MHz):	Minimum:		Minimum:	
Channel Bandwidth (MHz):				
Receiver:	Sensitivity (dBm):		Selectivity(dB):	

SECTION F: TECHNICAL INFORMATION				
Site Usage	Mobile Site <input type="checkbox"/>	Handheld Site <input type="checkbox"/>	Aircraft Site <input type="checkbox"/>	Ship Site <input type="checkbox"/>
Station Details				
Base Site Type:	Transmitter <input type="checkbox"/>	Receiver <input type="checkbox"/>	Repeater <input type="checkbox"/>	Transceiver <input type="checkbox"/>
Site Category:				
Receiving Site Type:				
Nominal Radius (m):				
Registration Numbers (vehicles, aircraft & boat only):				
Vehicle / Aircraft Type:				
Vessel Name (Boat only):				
Aircraft/ Boat Call sign:				
Make:				
Model:				
Distress Frequency (Ship only):				

Number of frequencies needed:					
Equipment Information					
Number of Equipment:					
Equipment Type:	Transmitter <input type="checkbox"/>	Receiver <input type="checkbox"/>	Repeater <input type="checkbox"/>	Transceiver <input type="checkbox"/>	
Make:					
Model:					
Type of service					
Channel Bandwidth (MHz):		Transmit:		Receive:	
Transmitter Characteristics					
Frequency Range (MHz):		Lower:		Upper:	
Modulation Type:					
Total Preset Channels:					
Maximum Radiated Power (Watts):					
Effective Radiated Power (Watts):					
Antenna Power (W):					
Receiver Characteristics:					
Frequency (MHz):		Lower:		Upper:	
Channel Bandwidth (MHz):					
Receive Sensitivity (dBm):					
Receive Selectivity: (dB):					
Antenna Characteristics					
Make:					
Model:					
Frequency Range (MHz):		Minimum:		Maximum:	
Antenna type:					
Physical Height of Antenna above ground (M):					
Antenna Gain (dB):					
Main lobe azimuth (deg.)					
Polarization:		H <input type="checkbox"/>	V <input type="checkbox"/>	V <input type="checkbox"/>	
Cable type and Length connecting to Antenna					

SECTION C: DECLARATION

I, the undersigned, hereby declare that the information provided in the forms attached is true.

Name:	
Official Title:	
Date & Signature:	

SECTION D: FOR OFFICIAL USE ONLY

Application Received on (Date):		Existing / New Licensee:	
This application has been processed and the following action taken:		Approved:	<input type="checkbox"/>
		Additional Information Requested:	<input type="checkbox"/>
		Rejected:	<input type="checkbox"/>
Frequency License Range:			
Authorising Officer's Title:			
Date & Signature:			