



Application for Apparatus Licence Land Mobile

EXPLANATORY NOTES – please read this information before completing the application form

- Mandatory fields marked with an asterisk * must be completed. Incomplete applications forms may be returned to the applicant for completion.
- You may use this form only for the type of licences shown in the title of this application form.
- Complete section A in the contact and billing address to which the licence will be issued.
- The licence applicant may nominate, as their agent, any person or company to act as temporary advisor.
- A separate application form must be used for each type of licence being sought.
- A separate application form must be used for each radio frequency being sought.
- The assignment of a frequency or channel does not imply reservation in perpetuity. Any licence granted will apply to the person(s) or business named on the application.
- Modifications can only be requested to current, non-fixed term licences belonging to the applicant.
- Complete this application for all new frequencies and licences including requests to change current frequency and/or location details applying to existing licences.
- Payment of licence fees will be required before licence is granted.
- If this licence is granted, full details will be recorded in the Register of Radio Frequencies and will be available for public inspection. This will include the name and address of the licence holder. Clients of type “person” have the right to request that their residential address be withheld from public access. Requests must be made in writing to “The Regulator, TRBR, PO Box 3547, Port Vila”.
- Information is available on the Telecommunications, Radiocommunications and Broadcasting Regulator website <https://www.trbr.vu>
- The completed form should be forwarded to the Office of the Regulator, PO Box 3547, Port Vila.

FOR HELP WITH THIS APPLICATION, PLEASE PHONE (678) 27621

*Has any of your licences ever been cancelled, suspended, or modified?

Yes

No

If you answered **Yes**, please provide details

*A. CONTACT AND BILLING ADDRESS

Do you already have licences issued under the same name?

No, please enter your details

Yes, please enter your Client ID

Title: Mr Mrs Ms Dr

Given/First Name:

Family/Last Name:

Billing Name:

Address:

Street:

Town/City:

Email:

Telephone/Mobile:

Fax Number:

See explanatory note above for information on how to request the withholding of residential address details by the Regulator.

*B. PAYING YOUR LICENCE FEE

Payment Type

Invoice to include VAT.

Invoice to exclude VAT, please attach your VAT Exemption Certificate

Payment of licence fees must be completed before issuance of licence.

Payment Method: (Choose one)

Bank Cheque (Licence will be issued once funds are cleared into the account)

EFTPOS

Master Card

VISA Card

***C. SERVICE DETAILS**

Nature of Service :	
Description of Service:	

New Licence

Modifying existing licence

Licence number:

***D. LAND MOBILE**

Licence Sub-Type:

- | | |
|---|---|
| <input type="checkbox"/> Ambulatory – Initial | <input type="checkbox"/> Land Mobile System > 30 MHz |
| <input type="checkbox"/> Ambulatory – Copy | <input type="checkbox"/> Service Paging System – Interior |
| <input type="checkbox"/> Paging System – Exterior | <input type="checkbox"/> PABX Cordless Telephone |
| <input type="checkbox"/> Ambulatory System | <input type="checkbox"/> Land Mobile System 0 – 30 MHz |
| <input type="checkbox"/> CBRS Repeater | |

***E. SPECTRUM DETAILS**

Frequency	
Transmit	
Receive	
Tuning Range of Equipment	
Upper frequency (Transmit)	
Lower frequency (Transmit)	
Upper frequency (Receive)	
Lower frequency (Receive)	

Power Indicator

- Px (Peak) Py (Mean) Pz (carrier)

Transmission characteristics		
Transmitter Power		
Radiated Power		
Fixed Losses		
Channel Bandwidth		
Emission designation		
For Land Mobile Systems 0 – 30 MHz Only		
Hours of Operation	Start:	End:
Mode of Propagation		

*F. EQUIPMENT DETAILS

Operating Mode		
<input type="checkbox"/> Transmitter	<input type="checkbox"/> Receiver	<input type="checkbox"/> Transceiver
Antenna Details		
Antenna ID:		
Description:		
Manufacturer:		
Antenna Model:		
3 dB beamwidth		
Vertical Plane:		deg
Horizontal Plane:		deg
Gain	dBi:	dBd:
Front-to-back ratio		dB
Polarisation:		
Tilt:		deg
Height above ground:		meters
Azimuth:		deg True

*G. STATION/LOCATION DETAILS

Location Name
Map/Gird Reference: Map: Easting: Northing:
Site Height ASL (meters):
Site Access Manager details:

*H. DECLARATION

In accordance with Regulations made pursuant to the Vanuatu Telecommunications, Radiocommunications and Broadcasting Regulation Act No. 30 of 2009 as amended by Amendment 22 of 2018, I hereby apply for the grant of a licence for the installation, and operation or use of the radio apparatus described herein.

**I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT IN EVERY PARTICULAR. I ALSO UNDERSTAND THAT I AM REQUIRED TO MAINTAIN REGULAR COMMUNICATION WITH THE*

*OFFICE OF THE TELECOMMUNICATIONS, RADIOCOMMUNICATIONS AND BROADCASTING
REGULATOR AND TO NOTIFY THE OFFICE OF ANY CHANGES IN THE LOCATION, EMISSION POWER OR
EQUIPMENT USED IN THIS SERVICE.*

Signature of Applicant

Name of Applicant

Date