



Telecommunications Authority of
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TECHNICAL SPECIFICATIONS LAND MOBILE RADIOCOMMUNICATIONS SYSTEMS Form TS - LM

Instructions:

1. This form shall only be valid if submitted together with a completed Radiocommunications Licence Application (L1) form.
2. All sections of this form must be completed.
3. The submission checklist must be accurately completed.

SUBMISSION CHECKLIST

Please ensure that the following have been submitted:

ITEM	DESCRIPTION	CHECK BOX IF SUBMITTED
Form TS-LM	Completed all relevant sections	<input type="checkbox"/>
B1	Description of use of radiocommunications system	<input type="checkbox"/>
B2	Copies of manufacturer's technical specifications for radio and antenna.	<input type="checkbox"/>
B3	Topographical map/diagram illustrating the designed coverage area and location(s) of Base Station(s).	<input type="checkbox"/>
D	A Letter from technically responsible company/person, accepting responsibility for radiocommunications system, inclusive of a statement of qualifications and experience.	<input type="checkbox"/>

For official use only

Name of receiving officer.....

Date.....

A. APPLICANT INFORMATION

Company: _____

Contact Person:

Title: _____ First Name: _____ Last Name: _____

Position: _____

Mailing Address:

Location: _____ Street: _____

P.O. Box _____ City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

B. NETWORK DESIGN

- B1 The applicant shall explain in an attached letter how the radio-transmitting equipment or radiocommunications service proposed in This application will be used, as it relates to its business activities.
- B2 The applicant shall submit copies of manufacturer's technical specifications for radio and antenna.
- B3 The applicant shall submit a topographical map(s)/diagram(s) illustrating the designated coverage area and location(s) of the Base Station(s).

C. STATION DETAILS

CNote: Please complete and submit a new Section C for each type of station (e.g. Base station, Fixed station) to be licensed in this radiocommunications system.

1. Transmitter

	Fixed Station	Base Station	Mobile Station	Portable Station
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Quantity	_____	_____	_____	_____
	Lower Limit: _____	Lower Limit: _____	Lower Limit: _____	Lower Limit _____
Frequency Range of Operation of Radio (MHz)	_____	_____	_____	_____
	Upper Limit: _____	Upper Limit: _____	Upper Limit: _____	Upper Limit: _____
Number of Channels Requested	_____	_____	_____	_____
Preferred Transmit frequency(ies) (MHz) [Optional]	_____	_____	_____	_____
Channel Bandwidth (MHz)	_____	_____	_____	_____
R.F. Output Power (dBm)	_____	_____	_____	_____
ITU Class of Emission Designator	_____	_____	_____	_____
Modulation Type:	_____	_____	_____	_____
I.F. Frequencies (kHz)	_____	_____	_____	_____

C. STATION DETAILS (CONTINUED...)

2. RECEIVER

	Fixed Station	Base Station	Mobile Station	Portable Station
Receiver Selectivity (adjacent channel rejection) (dB)	_____	_____	_____	_____
Receiver Sensitivity (Indicate Type dB SINAD, Dynamic, Static)	_____	_____	_____	_____
Spurious and Image Rejection (dB)	_____	_____	_____	_____
IF Frequency (kHz)	_____	_____	_____	_____

3. ANTENNA

	Fixed Station	Base Station	Mobile Station	Portable Station
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
	Lower Limit:	Lower Limit:	Lower Limit	Lower Limit:
Frequency Range of Operation of Radio (MHz)	_____	_____	_____	_____
	Upper Limit:	Upper Limit:	Upper Limit:	Upper Limit:
Antenna Type	_____	_____	_____	_____
Antenna gain (dB)	_____	_____	_____	_____
Polarization	_____	_____	_____	_____
Antenna Azimuth (degrees)	_____	_____	_____	_____
Total Transmission Lines Loss (dB)	_____	_____	_____	_____

4. LOCATION

	Fixed Station	Base Station	Mobile Station	Portable Station
Station Name	_____	_____	_____	_____
Antenna Height above Ground (m)	_____	_____	_____	_____
Site elevation above Mean sea level (m)	_____	_____	_____	_____
Coordinates (degrees, minutes, seconds)	_____	_____	_____	_____
Physical Address (Location, Street, City/Town)	_____	_____	_____	_____

D. TECHNICAL RESPONSIBILITY

The applicant must identify the technical staff or contractors responsible for the design, implementation and maintenance of the radiocommunications equipment.

Please check box below if the Applicant is technically responsible for the radiocommunications system:

Design and Implementation

Maintenance

If "No" for any of the above, please complete parts 1 and/or 2 below.

Note: A letter must be included from the company/ person accepting technical responsibility for the design and implementation and/or maintenance of the applicant's radiocommunications equipment, including the qualifications and experience of the technically qualified company/person.

1. Design and Implementation

Company: _____

Contact Person: _____ First Name: _____ Last Name: _____

Location: _____

Street: _____

P.O. Box: _____

City/Town: _____

Country: _____

Telephone: _____ Facsimile: _____ Email: _____

2. Maintenance (Check box if the same as above, otherwise complete below)

Company: _____

Contact Person

Name: Title _____ First Name: _____ Last Name: _____

Position: _____

Location: _____

Street: _____

P.O. Box: _____

City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

E. DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare on my own behalf and on behalf of the Applicant(s) that the information provided in this application is correct and accurate to the best of my knowledge. I acknowledge and agree that submitting an application to the Telecommunications Authority of Trinidad and Tobago does not mean that a licence will be granted, and that consideration of this application is a matter for the exercise of the Authority's discretion acting in accordance with the Telecommunications Act, 2001. If the licence is granted, I am fully aware of all the obligations and conditions associated with the licence. I understand that in processing this application, the Authority may undertake such investigations as it considers appropriate to verify the information submitted and/or to assess the background or suitability of any person involved or to be involved in any permission or authorisation hereby applied for, and I hereby expressly consent for myself and on behalf of the applicant(s) and all such persons, to the carrying out by the Authority of such investigations. I confirm that I am duly authorised by all the relevant persons to make this declaration.

Name of individual authorised to sign on behalf of company (Block Capitals):

Title: _____ First Name: _____ Last Name: _____

Position: _____

Signature _____

Date: _____