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REGISTRATION FORM FOR CLASS LICENCE DEVICES

Form R-CL

Instructions:

1. One (1) printed copy of this registration form must be completed and submitted.
2. Please write in BLOCK CAPITAL letters with the use of a pen.
3. Please refer to the Instructions sheet to help you complete this registration form.

A. GENERAL INFORMATION		
Registrant:		
Contact Information Name of Individual and Position:		
Mailing Address:		
Telephone:	Fax:	Email:

B. TRANSMITTER CHARACTERISTICS			
	Base Station	Station 1	Station 2
Type of Class Licensed Device			
Manufacturer Make			
Manufacturer Model			
Serial Number <i>(Required for White Space Radiocommunications Devices only)</i>			
Frequency Range of Operation			

	Base Station	Station 1	Station 2
RF Output Power (Watts/dBm)			

C. ANTENNA CHARACTERISTICS

	Base Station	Station 1	Station 2
Manufacturer Make			
Manufacturer Model			
Antenna Gain (dB)			
Average Height above ground (m)			
Azimuth (degrees)			
Beam width (degrees)			
Polarization			
Coordinates (degrees, minutes, seconds)			
Physical Address (Location, Street, City/Town)			

D. DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare that the information provided in this registration form is correct and accurate to the best of my knowledge.

Registrant:

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

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Title:

Signature:

Date: