

Telecommunications Authority of  
Trinidad and Tobago  
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Barataria



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## LICENCE APPLICATION FOR AMATEUR RADIO SERVICES FORM L2

### Instructions:

1. All applicants must review the [Licence Application for Amateur Radio Services Instructions, Guidelines and Explanatory Notes](#) prior to completing this application form.
2. Individual nationals must complete subsections A1, A2, C1, C2, C3, D1 and E1.
3. Individual non-nationals must complete subsection A1, A2, A3, C2, C3, D1 and E1.
4. Organisations must complete subsections A1, A4, A5, B1, C1, C2, C3, D1 and E1.
5. Individual nationals must complete subsections A1, A2, C1, C2, C3, D1 and E1. Individuals below the age of eighteen must complete A6.

### A. APPLICANT INFORMATION

**A1. Type of Applicant:** Individual  Organisation

### A2. Individual Applicant's Information

**Name:**

\_\_\_\_\_

Title	First Name	Middle Name (optional)	Last Name
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Mobile Contact Number: 1-868-\_\_-\_\_-\_\_-\_\_-\_\_-\_\_

Fixed Line contact number: 1-868-\_\_-\_\_-\_\_-\_\_-\_\_-\_\_

E-mail Address: \_\_\_\_\_ National Identification/Passport Number: \_\_\_\_\_

**Address (residential):**

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

Street 3: \_\_\_\_\_ Town/City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing address (if different from above):**

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

Street 3: \_\_\_\_\_ Town/City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

**Address for duration of stay in Trinidad and Tobago (non-nationals only):**

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

Street 3: \_\_\_\_\_ Town/City: \_\_\_\_\_

**Start date of duration of stay in Trinidad and Tobago (dd/mm/yy):** \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

**End date of duration of stay in Trinidad and Tobago (dd/mm/yy):** \_\_ \_\_/\_\_ \_\_/\_\_ \_\_

**A3. Reciprocal Licence Applicant Information (non-nationals only)**

Name of entity that has granted your current licence: \_\_\_\_\_

Class of licence: \_\_\_\_\_ Callsign: \_\_\_\_\_

Licence date of issue: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_  
dd/mm/yy

Licence expiry date: \_\_ \_\_/\_\_ \_\_/\_\_ \_\_  
dd/mm/yy

**A4. Organisation Information (organisations only)**

Confirm the type of licence you are applying for: Club  Emergency station

**Registered name of organisation:** \_\_\_\_\_

Registration No.: \_\_\_\_\_

Registration date: \_\_/\_\_/\_\_  
dd/mm/yy

**Registered address:**

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Mailing address** (if different from above):

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**A5. Trustee information** (organisations only):

**Name of Trustee:**

\_\_\_\_\_

Title            First Name            Middle Name (*optional*)            Last Name

Callsign: \_\_\_\_\_

Mobile contact number: 1-868-\_\_\_\_-\_\_\_\_

Fixed line contact number: 1-868-\_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_ National Identification/Passport Number: \_\_\_\_\_

**A6. Name of Parent/Guardian** (individuals only below the age of eighteen):

\_\_\_\_\_

Title            First Name            Middle Name (*optional*)            Last Name

Mobile contact number: 1-868-\_\_\_\_-\_\_\_\_

Fixed line contact number: 1-868-\_\_\_\_-\_\_\_\_

E-mail Address: \_\_\_\_\_ National ID/Passport Number: \_\_\_\_\_

## B. SERVICE INFORMATION (organisations only)

**B1.** Provide a description of the organisation's activities and an explanation on the use of amateur radio service in connection with those activities. (If additional space is required, please provide this information in a cover letter.)

## C. STATION DETAILS

### C1. Preferred callsign:

1<sup>st</sup> preferred callsign: \_\_\_\_\_ 2<sup>nd</sup> preferred callsign: \_\_\_\_\_ 3<sup>rd</sup> preferred callsign: \_\_\_\_\_

**C2. Address of Station:** Please indicate if you have a station: Yes  No

If "yes", specify station address, if different from the residential address (nationals)/address during stay (non-nationals)/registered address (organisations):

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

Street 3: \_\_\_\_\_ Town/City: \_\_\_\_\_

### C3. Particulars of Equipment

Please indicate if you have equipment that is self-designed: Yes  No

If "yes", then proceed to Section D. If "no", please complete the following table:

Type of Station (fixed, mobile, portable)	Manufacturer	Model	Serial Number

## D. SUBMISSION CHECKLIST

**D1.** Please check the relevant box to indicate whether the document has been submitted or not applicable:

Document	Description	Submitted	N/A
Proof of identification	Identification card, passport or driver's permit	<input type="checkbox"/>	<input type="checkbox"/>
Examination certificate	Certificate of successful completion of exam	<input type="checkbox"/>	<input type="checkbox"/>
Licence from another jurisdiction	Licence from another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of registration	Certificate of registration (organisations only)	<input type="checkbox"/>	<input type="checkbox"/>
TS-LM Form (used in conjunction with L2 for special operation stations only)	Land Mobile Technical Specifications Form	<input type="checkbox"/>	<input type="checkbox"/>

## E. DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare on my own behalf and on behalf of the applicant that the information provided in this application is true and correct to the best of my knowledge, information and belief. 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, Chap. 47:31. 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 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.

**E1 Signature of individual applicant or trustee authorised on behalf of organisation or guardian on behalf of an individual under the age of eighteen:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For TATT official use only

Name of Officer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_