

Telecommunications Authority of
Trinidad and Tobago
#5 Eighth Avenue Ext., Off Twelfth Street
Barataria



Tel: (868) 675-8288
Fax: (868) 674- 1055
Email: info@tatt.org.tt
Website: www.tatt.org.tt

LICENCE APPLICATION FOR AMATEUR RADIO SERVICES FORM L2

Instructions:

1. Please 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 subsections A1, A2, A3, C2, C3, D1 and E1.
4. Individuals below the age of 18 must complete A6.
5. Organisations must complete subsections A1, A4, A5, B1, C1, C2, C3, D1 and E1.

A. APPLICANT INFORMATION

A1. Type of Applicant: Individual Organisation

A2. Individual Applicant's Information

Name:

Title First Name Middle Name (optional) Last Name

Mobile Contact Number: 1-868-____-____-____ Fixed Line Contact Number: 1-868-____-____-____

Email 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: _____

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

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): __/__/__

A4. Organisation Information 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
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Callsign: _____

Mobile Contact Number: 1-868-____-____ Fixed Line Contact Number: 1-868-____-____

Email Address: _____ National Identification/Passport Number: _____

A6. Name of Parent/Guardian (individuals only below the age of 18):

Title	First Name	Middle Name (optional)	Last Name
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Mobile Contact Number: 1-868-____-____ Fixed Line Contact Number: 1-868-____-____

Email Address: _____ National Identification/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: 1st callsign: _____ 2nd callsign: _____ 3rd 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 18:

Signature: _____

Date: _____

For TATT official use only

Name of Officer: _____ Signature: _____

Date: _____