



Telecommunications Authority of  
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# TECHNICAL SPECIFICATIONS FOR AN AERONAUTICAL STATION RADIOCOMMUNICATIONS SYSTEM FORM TS-AE

## Instructions:

1. Please review the [Technical Specifications for an Aeronautical Station Radiocommunications System \(Form TS-AE\) Instructions, and Guidelines and Explanatory Notes](#) prior to completing this application form.
2. This form is only valid if submitted with a completed Radiocommunications Licence Application (L1) Form.

## A. APPLICANT INFORMATION

### A1. Applicant's Name:

\_\_\_\_\_

## B. PARTICULARS OF AIRCRAFT

Aircraft Registration Mark: \_\_\_\_\_ Aircraft Type: \_\_\_\_\_

Take-Off Weight: \_\_\_\_\_ Flight Start Date: \_\_\_\_\_

### *Base Location of Operation*

Site name: \_\_\_\_\_

Latitude: \_\_\_\_\_

(degrees, minutes, seconds) WGS-84 datum

Longitude: \_\_\_\_\_

(degrees, minutes, seconds) WGS-84 datum

## C. AIRCRAFT RADIOCOMMUNICATIONS STATION

Note: Please complete a new section C for each type of radio equipment to be licensed in this radiocommunications system.

### C1. Equipment

Equipment Details	Station
Make	
Model	
Equipment serial number	
Number of pre-set channels	
Frequency range of operation of radio (MHz)	Lower limit: Upper limit:
Channel bandwidth (MHz)	
Radiofrequency (RF) output power (dBm)	
International Telecommunications Union (ITU) class of emission designator	
Receiver (Rx) selectivity (dB)	
Rx sensitivity (dBm)	

### C2. Antenna

Antenna Details	Station
Make	
Model	
Frequency range of operation of radio (MHz)	Lower limit: Upper limit:
Antenna type	
Antenna gain (dB)	
Beamwidth – vertical (degrees)	
Total transmission Line Loss (dB)	
Effective Radiated Power (ERP) (dBm)	

## D. TECHNICAL RESPONSIBILITY

**D1.** Please check boxes below if the applicant is technically responsible for the radiocommunications system:

**Design and Implementation**                       **Maintenance**

If neither box is checked, please provide a letter from the contractor accepting technical responsibility for either the design and implementation and/or maintenance of the applicant's radiocommunications equipment; include the qualifications and experience of the technical person; and then proceed to subsection D2.

### D2. Contractor Details

Name of Organisation (if applicable):

\_\_\_\_\_

Name of Technical Person:

\_\_\_\_\_

Title	First Name	Middle Name (optional)	Last Name
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Contact Number: Mobile: \_\_\_\_\_ Fixed Line: \_\_\_\_\_

Email Address: \_\_\_\_\_

## E. SUBMISSION CHECKLIST

Please ensure that all relevant documents for the following have been submitted:

Item Section	Description	Document Submitted	Not Applicable
A1	Original Radio Operator's Certificate issued/endorsed by the Trinidad and Tobago Civil Aviation Authority (TTCAA)	<input type="checkbox"/>	<input type="checkbox"/>
A2	Original Aircraft Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
A3	Original Certificate of Airworthiness	<input type="checkbox"/>	<input type="checkbox"/>
B1	Letter explaining how the radio-transmitting equipment or radiocommunications service proposed in this application will be used as it relates to its business activities	<input type="checkbox"/>	<input type="checkbox"/>
B2	Manufacturer's technical specifications for radio and antenna	<input type="checkbox"/>	<input type="checkbox"/>
C1	Letter from the contractor accepting technical responsibility	<input type="checkbox"/>	<input type="checkbox"/>

## F. 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.

### F1. Signature of individual applicant or person authorised on behalf of organisation:

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

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

### For TATT official use only

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

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

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