



Telecommunications Authority of  
Trinidad and Tobago  
5, Eighth Avenue Extension,  
Off Twelfth Street,  
Barataria

Tel: (868) 675-TATT  
Fax: (868) 674-1055  
Email: [info@tatt.org.tt](mailto:info@tatt.org.tt)  
Website: [www.tatt.org.tt](http://www.tatt.org.tt)

## **TECHNICAL SPECIFICATIONS LAND MOBILE RADIOCOMMUNICATIONS SYSTEMS TS-LM FORM**

### **Instructions:**

1. Please review the [Technical Specifications for a Land Mobile Radiocommunications System \(Form TS-LM\) Instructions and Guidelines and Explanatory Notes](#) prior to completing this application form.
2. Please submit this Form with a completed Radiocommunications Licence Application (L1) Form for the following types of licences:
  - a) Conventional or trunked spectrum land mobile radiocommunications systems
  - b) Outside broadcast radiocommunications systems
  - c) Radar radiocommunications systems
3. Please submit this Form with an Amateur Radio Licence Application Form (L2) for the following types of licences:
  - a) Amateur repeaters
  - b) Amateur beacons
4. Please complete all sections of this form.

### **A. APPLICANT INFORMATION**

#### **A1. Applicant's Name:**

---

## B. NETWORK DESIGN

B1	Please explain, in an attached letter, how the radio-transmitting equipment or radiocommunications service proposed in this application will be used in relation to its business activities.
B2	Please submit copies of the manufacturer's technical specifications for radio/s and antenna/s.
B3	Please submit a topographical map/s or diagram/s illustrating the designated coverage area/s and location/s of the fixed and/or base station/s.

## C. STATION DETAILS

### C1. Transmitter

Details	Station			
	Fixed	Base	Mobile	Portable
Make				
Model				
Quantity				
Frequency range of operation of radio (MHz)	Lower limit:	Lower limit:	Lower limit:	Lower limit:
	Upper limit:	Upper limit:	Upper limit:	Upper limit:
Number of channels requested				
Preferred transmit frequency (MHz) [optional]				
Channel bandwidth (MHz)				
RF output power (peak) (dBm)				
ITU class of emission designator				

## C2. Receiver

Details	Station			
	Fixed	Base	Mobile	Portable
Receiver selectivity (adjacent channel rejection) (dB)				
Receiver sensitivity (indicate type: dB SINAD, dynamic, static)				
Spurious and image rejection (dB)				

## C3. Antenna

Details	Station			
	Fixed	Base	Mobile	Portable
Make				
Model				
Frequency range of operation of radio (MHz)	Lower limit:	Lower limit:	Lower limit:	Lower limit:
	Upper limit:	Upper limit:	Upper limit:	Upper limit:
Antenna type				
Antenna gain (dB)				
Polarisation				
Antenna azimuth (degrees)				
Antenna elevation angle (degrees)				
Total transmission lines loss (dB)				

#### C4. Location

Details	Station			
	Fixed	Base	Mobile	Portable
Station name				
Antenna height above ground (m)				
Site elevation above mean sea level (m)				
Geographic coordinates WGS-84 datum (degrees, minutes, seconds)				
Physical address of station (street #, street, town/city)				

#### 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; including the qualifications and experience of the technical person, and then proceed to subsection D2.

#### D2. Contractor Details

Organisation Name (if applicable): \_\_\_\_\_

Name of Technical Person:

\_\_\_\_\_  
Title      First Name      Middle Name (optional)      Last Name

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
B1	Description of the use of the radiocommunications system	<input type="checkbox"/>	<input type="checkbox"/>
B2	Copies of the manufacturer's technical specifications for radio and antenna	<input type="checkbox"/>	<input type="checkbox"/>
B3	Topographical map/diagram illustrating the designed coverage area and location(s) of fixed and/or base station(s)	<input type="checkbox"/>	<input type="checkbox"/>
D	A letter from the contractor indicating his/her accepting responsibility for the radiocommunications system, inclusive of a statement of qualifications and experience	<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: \_\_\_\_\_