



Telecommunications Authority of Trinidad and Tobago  
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Barataria

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## AMATEUR RADIO LICENCE APPLICATION FORM Form L2

### Instructions:

1. All sections of this form must be completed.
2. This form shall be completed for a Trinidad and Tobago national seeking to apply for an Amateur Licence or a non-national seeking to apply for a Reciprocal Amateur Licence.
3. The submissions checklist below must be accurately completed.

### SUBMISSION CHECKLIST

Please ensure that the following have been submitted:

ITEM	DESCRIPTION	CHECK BOX IF SUBMITTED
Form L2	Completed all relevant sections	<input type="checkbox"/>
A	Original and a copy of Trinidad and Tobago's National ID or Passport (for an applicant requesting a Reciprocal Licence, an original and a copy of national Passport)	<input type="checkbox"/>
B	Original and a copy of amateur Radio Certificate	<input type="checkbox"/>
C	Original and a copy of previous licence (only applicable for holder of a repealed Wireless Telegraphy Ordinance Licence)	<input type="checkbox"/>
D	Original and a copy of a valid Licence issued by another Country (only applicable for an applicant requesting a Reciprocal Licence)	<input type="checkbox"/>

For official use only

Name of receiving officer.....

Date.....

**A. GENERAL INFORMATION**

**Name of Applicant:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Address**

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

Town/City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Address of Base Station:**

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

Town/City: \_\_\_\_\_

Nationality: \_\_\_\_\_

Individual  Club

Name of Club: \_\_\_\_\_

Certifying Body: \_\_\_\_\_

New Application:  **Reciprocal Licence (Must Complete Section B)**

Preferred Call-sign: \_\_\_\_\_

**B. LICENSEE INFORMATION FOR RECIPROCAL APPLICANTS ONLY**

Class of Licence: \_\_\_\_\_

Current Licence issued by:

Name of Agency: \_\_\_\_\_

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

Country: \_\_\_\_\_

Call Sign: \_\_\_\_\_ Permit Number: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Expiry Date of Licence: \_\_\_\_\_

Passport number: \_\_\_\_\_

**B. LICENSEE INFORMATION FOR RECIPROCAL APPLICANTS ONLY continued...**

Duration of stay in Trinidad and Tobago:

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

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

Duration of Licence requested:

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

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

**C. EQUIPMENT TECHNICAL SPECIFICATIONS**

	Quantity	Make	Model	Serial Number	Date Purchased
Fixed Station(s)	_____	_____	_____	_____	_____
Mobile(s)	_____	_____	_____	_____	_____
Portable(s)	_____	_____	_____	_____	_____
Base Station(s)	_____	_____	_____	_____	_____
(Repeaters)	_____	_____	_____	_____	_____

**D. EQUIPMENT TECHNICAL SPECIFICATIONS**

I, the undersigned, do hereby declare that the information provided in this application is correct and accurate to the best of my knowledge. 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, 2001. 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(s) 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.

Applicant

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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