



Telecommunications Authority of
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TECHNICAL SPECIFICATIONS AERONAUTICAL STATION RADIOCOMMUNICATIONS SYSTEMS Form TS-AE

Instructions:

1. This form shall only be valid if submitted together with a completed Radiocommunications Licence Application (L1) form.
2. All sections of this form must be completed.
3. The submission checklist must be accurately completed.

SUBMISSION CHECKLIST

Please ensure that the following have been submitted:

ITEM	DESCRIPTION	CHECK BOX IF SUBMITTED
Form TS-AE	Completed all relevant sections	<input type="checkbox"/>
A1	Original Radio Operator's Certificate issued/endorsed by Trinidad and Tobago Aviation Authority	<input type="checkbox"/>
A2	Original Aircraft Registration Certificate	<input type="checkbox"/>
A3	Original Certificate of Airworthiness	<input type="checkbox"/>
B1	Description of use of radiocommunications system	<input type="checkbox"/>
B2	Copies of manufacturer's technical specifications for radio and antenna.	<input type="checkbox"/>
C1	Confirmation Letter from technically responsible company/Person (if non-employee)	<input type="checkbox"/>

For official use only

Name of receiving officer.....

Date.....

A. APPLICANT INFORMATION

Company

Contact Person:

Name: Title _____ First Name _____ Last Name _____

Position: _____

Mailing Address:

Location: _____

Street: _____

P.O. Box _____

City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

A1	The applicant shall submit the Original Radio Operator's Certificate issued/ endorsed by Trinidad and Tobago Civil Aviation Authority
A2	The applicant shall submit the Original Aircraft Registration Certificate
A3	The applicant shall submit the Original Certificate of Airworthiness
A4	The applicant shall submit a Completed L1 form

B. PARTICULARS OF AIRCRAFT

B1	The applicant shall explain in an attached letter how the radio-transmitting equipment or radiocommunications service proposed in this application will be used, as it related to its business activities.
B2	The applicant shall submit of the manufacturer's technical specifications for radio and antenna.

B. PARTICULARS OF AIRCRAFT (CONTINUED...)

Aircraft Registration Mark: _____

Contact Person at Site: _____

Area of Operation _____

Aircraft Type: _____

City/Town: _____

Take Off Weight: _____

District: _____

Start Date: _____

Country: _____

Site Location: _____

Latitude _____ ° _____ ' _____ "

Longitude _____ ° _____ ' _____ "

D. AIRCRAFT RADIOCOMMUNICATIONS STATION

Note: Please complete and submit a new Section D for each type of radio equipment to be licensed in this radiocommunications system and highlight same (in checkbox) based on the list below:

Radio Equipment: (choose one) * _____

Make _____

Output Power _____ Watts _____

Model _____

Equipment Serial Number _____

Total Preset Channels _____

Lower Frequency of Operation / (MHz) _____

Channel Bandwidth (kHz) _____

Upper Frequency of Operation / (MHz) _____

RX Sensitivity (dBm) _____

ITU Class of Emission Designator _____

RX Selectivity _____

Antenna:

Make: _____

Model: _____

Antenna Gain (dB) _____

Beam Width V. (deg) _____

Frequency (MHz) – Lower _____

Frequency (MHz) – Upper _____

Line Attenuation (dB): _____

ERP (dBm): _____

E. TECHNICAL RESPONSIBILITY

The applicant must identify the technical staff or contractors responsible for the design, implementation and maintenance of the radiocommunications equipment.

Please check box below if the Applicant is technically responsible for radiocommunications system:

Design and Implementation

Maintenance

If No for any of the above, please complete parts 1 and /or 2 below.

Note: A letter must be included from the company/person accepting technical responsibility for the design and implementation and/or maintenance of the applicant's radiocommunications equipment, including the qualifications and experience of the technically qualified company/person.

1. Design and Implementation

Company: _____

Contact Person

Name: Title _____ First Name: _____ Last Name: _____

Position: _____

Location: _____

Street: _____

City/Town: _____

P.O. Box: _____

Telephone: _____ Facsimile: _____ Email: _____

2. Maintenance (Check box if the same as above, otherwise complete below)

Company: _____

Contact Person

Name: Title _____ First Name: _____ Last Name: _____

Position: _____

Location: _____

Street: _____

P.O. Box: _____

City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

F. DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare on my own behalf and on behalf of the Applicant(s) 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.

Name of individual authorised to sign on behalf of company (Block Capitals):

Title: _____ First Name: _____ Last Name: _____

Position: _____

Signature _____

Date: _____