



Telecommunications Authority of
Trinidad and Tobago
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Barataria

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TECHNICAL SPECIFICATIONS MARITIME RADIOCOMMUNICATIONS SYSTEMS Form TS-MA

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-MA	Completed all relevant sections	<input type="checkbox"/>
B1	Original GMDSS Radio Operator's Certificate must be submitted for all commercial vessels.	<input type="checkbox"/>
B2	Ship Registration Certificate must be submitted.	<input type="checkbox"/>
B3	Copies of manufacturer's technical specification for radio and antenna.	<input checked="" type="checkbox"/>
D	A Letter from technically responsible company/person, accepting responsibility for radiocommunications system, inclusive of a statement of qualifications and experience.	<input type="checkbox"/>

For official use only

Name of receiving officer.....

Date.....

A. APPLICANT INFORMATION

Company: _____

Contact Person:

Title: _____ First Name: _____ Last Name: _____

Position: _____

Mailing Address:

Location: _____ Street: _____

P.O. Box _____ City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

A1	Original GMDSS Radio Operator's Certificate must be submitted for all commercial vessels.
A1	Ship Registration Certificate must be submitted for all vessels.

B. NETWORK DESIGN

B1	The applicant shall submit a copy of manufacturer's technical specifications for radio and antenna.
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C. PARTICULARS OF SHIP STATION

1. Name of Ship: _____

2. Registration No.: _____ Date of Issue: _____

3. Port of Registry: _____

4. Gross Max. Registered Tonnage: _____

5. Port where Radio Equipment was inspected: _____

6. If name of ship been changed, give former name: _____

7. Type of Ship: _____

8. Number of Persons ship is licensed to carry:

Passengers: _____ Crew: _____

9. Nature of Service: _____

10. Will the ship communicate with foreign coast stations for make international voyages: _____

11. Ships intended areas of operations:

12. Name of Accounting Authority (if Applicable): _____

13. Address of Accounting Authority (if Applicable):

Street 1: _____ Street 2: _____

Town/City: _____

14. I.D. Code of Accounting authority: _____

15. Telephone No: _____

16. Email: _____

C. PARTICULARS OF SHIP STATION (CONTINUED...)

Type of Equipment	Quantity Carried	Make, Type and Model Number	RF Output Watts	ITU Class of Emission	Frequency		Equipment Type Approved Certificate
					TX	RX	
VHF Mobile	_____	_____	_____	_____	_____	_____	_____
VHF Portable	_____	_____	_____	_____	_____	_____	_____
DSC	_____	_____	_____	_____	_____	_____	_____
MF/HF Transceiver	_____	_____	_____	_____	_____	_____	_____
Inmarsat Ship Earth Station	_____	_____	_____	_____	_____	_____	_____
SART	_____	_____	_____	_____	_____	_____	_____
NAVTEX Receiver	_____	_____	_____	_____	_____	_____	_____
EPIRB	_____	_____	_____	_____	_____	_____	_____
Radar	_____	_____	_____	_____	_____	_____	_____
Satellite Ship Station	_____	_____	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____	_____	_____

D. 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 the 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: _____ First Name: _____ Last Name: _____
Location: _____
Street: _____
P.O. Box: _____
City/Town: _____
Country: _____
Telephone: _____ Facsimile: _____ Email: _____

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

Company: _____
Contact Person: _____ First Name: _____ Last Name: _____
Location: _____
Street: _____
P.O. Box: _____
City/Town: _____
Country: _____
Telephone: _____ Facsimile: _____ Email: _____

E. 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: _____