



TECHNICAL SPECIFICATIONS POINT TO MULTIPOINT RADIOCOMMUNICATIONS SYSTEMS

Form TS-PM

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 the following have been submitted:		
ITEM	DESCRIPTION	Check Box if Submitted
Form TS-PM	Completed all sections	<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"/>
B3	Topographical map/diagram illustrating the designed coverage area and location(s) of Base Station(s) and Subscriber Station(s).	<input 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

Applicant Name:

Contact Person (Name and Position):

Mailing Address (Location, Street, P.O. Box, City/Town):

Telephone:

Facsimile:

Email:

B. NETWORK DESIGN

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| 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 relates to its business activities. |
| B2. | The applicant shall submit copies of manufacturer's technical specifications for radio and antenna. |
| B3. | The applicant shall submit a topographical map(s)/diagram(s) illustrating the designed coverage area and location(s) of the Base Station(s) and Subscriber Station(s). |

C. STATION DETAILS

Note: Please complete and submit a new Section C for each Type of Subscriber and/or Mobile Station to be licensed in this radiocommunications system.

1. Transmitter

	Base Station	Subscriber Station (if Applicable)	Mobile Station (if Applicable)
Make			
Model			
Frequency Range of Operation of Radio (MHz)	Lower Limit:	Lower Limit:	Lower Limit:
	Upper Limit:	Upper Limit:	Upper Limit:
Frequency Band of Operation			
Quantity			
Type of Service a. Continuous b. Intermittent			
Number of Channels Requested			
<i>Preferred Transmit Frequency(ies) (MHz) [Optional]</i>			
Channel Bandwidth (MHz)			
RF Output Power (dBm)			
ITU Class of Emission Designator			
Modulation Type			
I.F. Frequencies (kHz)			

C. STATION DETAILS (CONTINUED...)

2. Receiver

	Base Station	Subscriber Station (if Applicable)	Mobile Station (if Applicable)
Receiver Selectivity (adjacent channel rejection) (dB)			
Receiver Sensitivity (Indicate Type dB SINAD, Dynamic, Static)			
Spurious and Image Rejection (dB)			
I.F. Frequency (kHz)			

3. Antenna

	Base Station	Subscriber Station (if Applicable)	Mobile Station (if Applicable)
Make			
Model			
Frequency Range of Operation of Antenna (MHz)	Lower Limit:	Lower Limit:	Lower Limit:
	Upper Limit:	Upper Limit:	Upper Limit:
Antenna Type			
Antenna Gain (dB)			
Beamwidth – Vertical (degrees)			
Beamwidth – Horizontal (degrees)			
Polarization			
Antenna Azimuth (degrees)			
Antenna Elevation (degrees)			
Total Transmission Lines Loss (dB)			

C. STATION DETAILS (CONTINUED...)**4. Location**

	Base Station	Subscriber Station (if Applicable)	Mobile Station (if Applicable)
Station Name			
Antenna Height above Ground (m)			
Site elevation above mean sea level (m)			
Coordinates (degrees, minutes, seconds)			
Physical Address (Location, Street, City/Town)			

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 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 and Position):		
Mailing Address (Location, Street, P.O. Box, City/Town):		
Telephone:	Facsimile:	Email:

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

Company:		
Contact Person (Name and Position):		
Mailing Address (Location, Street, P.O. Box, City/Town):		
Telephone:	Facsimile:	Email:

E. DECLARATION AND SIGNATURE

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.

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

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Position:

Signature:

Date: