



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
Website: www.tatt.org.tt

TECHNICAL SPECIFICATIONS POINT TO POINT RADIOCOMMUNICATIONS SYSTEMS

Form TS-PP

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. Only point-to point link(s) within the same frequency band (e.g. 5GHz Band, Lower 6 GHz Band, 15 GHz Band) shall be applied for on a single form. Where links in separate bands are required, separate forms must be completed.
4. 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-PP	Completed all relevant sections.	<input type="checkbox"/>
A1	Description of use of radiocommunications system.	<input type="checkbox"/>
A2	Copies of manufacturer's technical specification for radio and antenna.	<input type="checkbox"/>
A3	Link budget and path profile (optional) to support station operating parameters.	<input type="checkbox"/>
A4	Topographical map/diagram illustrating the design and locations(s) of point-to-point link(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.....

Company: _____

Contact Person

Title: _____ First Name: _____ Last Name: _____

Position: _____

Mailing Address

Location: _____ Street: _____

P.O. Box _____ City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

A. NETWORK DESIGN

A1	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.
A2	The applicant shall submit copies of manufacturer's technical specifications for radio and antenna.
A3	The applicant shall submit a Link Budget and Path Profile for all point-to-point links.
A4	The applicant shall submit a topographical map(s)/diagram(s) illustrating the design and location(s) of the station(s).

B. STATION DETAILS

Note: Please complete and submit a new Section C for each point-to-point link to be licensed in this radiocommunications system.

1. Transmitter

	Station 1	Station 2
Make	_____	_____
Model	_____	_____
Frequency Range of Operation of Radio (MHz)	Lower Limit: _____	Lower Limit _____
	Upper Limit: _____	Upper Limit: _____
Number of Channels Requested	_____	_____
<i>Preferred Transmit frequency(ies) (MHz) [Optional]</i>	_____	_____
Channel Bandwidth (MHz)	_____	_____
R.F. Output Power (dBm)	_____	_____
ITU Class of Emission Designator	_____	_____
Modulation Type	_____	_____
Link Capacity (Mbits/sec)	_____	_____
Bit Error Rate	_____	_____
I.F. Frequencies (kHz)	_____	_____

2. RECEIVER

	Station 1	Station 2
Receiver Selectivity (adjacent channel rejection) (dB)	_____	_____
Intermodulation (Adjacent channel rejection) (dB)	_____	_____
Receiver Sensitivity (dB)	_____	_____
Frequency Stability (%)	_____	_____
Spurious and Image Rejection (dB)	_____	_____

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

3. ANTENNA

	Station 1	Station 2
Make	_____	_____
Model	_____	_____
Frequency Range of Operation of Antenna (MHz)	Lower Limit: _____	Lower 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)	_____	_____

4. LOCATION

	Station 1	Station 2
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 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: _____