



Telecommunications Authority of
Trinidad and Tobago
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TECHNICAL SPECIFICATIONS POINT TO POINT RADIOCOMMUNICATIONS SYSTEMS

Form TS-SS

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 one (1) satellite earth station or VSAT shall be applied for on a single form. Where more than one (1) station requires a Licence, separate TS-SS 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-SS	Completed all relevant sections.	<input type="checkbox"/>
A	Signed letter from your satellite provider indicating: a. Applicant's access to capacity, Bandwidth of Transmit signal (Uplink) b. Transmit Centre frequency (Uplink), Receive Centre frequency (Downlink), c. Name and Orbital Position of Satellite	<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	End to end network diagram illustrating locations.	<input type="checkbox"/>
C	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 (Name and Position)

Title: _____ First Name: _____ Last Name: _____

Position: _____

Mailing Address

Location: _____ Street: _____

P.O. Box _____ City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

B. STATION DETAILS

1. Earth and Station Characteristics

Type of Earth Station: _____ If other, please specify: _____

Make/Manufacturer _____

Model: _____

Frequency band of Operation (e.g. C, KU, L Band): _____

Hours of Operation: _____

2. Transmitter (NOT APPLICABLE FOR TELEVISION RECEIVE ONLY (TVRO) STATIONS)

Center Frequency (MHz): _____

Polarization: _____

Bandwidth (kHz): _____

Frequency Range of Operation: **From (MHz):** _____ **To (MHz):** _____

ITU Class of Emission Designator _____

EIRP (dB Watts) _____

B. STATION DETAILS (CONTINUED...)

3. Receiver

Receive Centre Frequency (MHz): _____

Bandwidth of receive signal (kHz): _____

Polarization: _____

Minimum Elevation Angle (Deg above horizontal): _____

Height of antenna above mean ground level(metres): _____

4. Antenna

Antenna manufacturer: _____

Antenna Model: _____

Antenna Diameter (metres): _____

Antenna Gain (dBi) _____

Azimuth: _____

Power to Antenna (Watts): _____

Antenna Beamwidth (3 dB) (Degrees):

Horizontal: _____ Vertical: _____

5. Location

Earth Station Site Name/ID: _____

Site Address:

Street 1: _____ Street 2: _____

Town/City: _____

Latitude (DMS): _____ ° _____ ' _____ "

Longitude (DMS): _____ ° _____ ' _____ "

Site Elevation above sea level (metres): _____

Name of Space Satellite: _____

Orbital Position (Deg E or W): _____

C. 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 (Name and Position)

Title: _____ First Name: _____ Last Name: _____

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):

Title: _____ First Name: _____ Last Name: _____

Position: _____

Mailing Address:

Location: _____ Street: _____

P.O. Box: _____ City/Town: _____

Telephone: _____ Facsimile: _____ Email: _____

SECTION D. 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: _____