



Telecommunications Authority of
Trinidad and Tobago
#5, Eighth Avenue Extension,
Off Twelfth Street,
Barataria

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Equipment Certification Application

It is an offence under the Telecommunications Act, 2001, to operate, use or install any radiocommunications equipment without a Licence from the Telecommunications Authority of Trinidad and Tobago.

It is an offence under the Telecommunications Act, 2001, to provide public telecommunications and broadcasting services in Trinidad and Tobago without a Concession.

Instructions:

This application must be **completed** and submitted with all supporting documents.

1. The following documents must be submitted with each application:

- a. Evidence of Type Approval certification for the said equipment (e.g. FCC, IC, etc).
- b. Copies of the manufacturer's technical specifications.
- c. A colour brochure of the equipment is preferred.

2. Please submit on-line or via mail, email, facsimile or by hand to the Authority.

Submit a separate application for each make and model of equipment.

A: GENERAL INFORMATION

Applicant/Company/Name/Agent Name: _____

Contact Information

Title: _____ First Name: _____ Last Name: _____

Position: _____

Address

Street 1: _____ Street 2: _____

Village: _____ Town/City: _____

Country: _____ Zip Code: _____

Telephone: _____ Fax: _____

Mobile Telephone: _____ Email: _____

B: Mailing Address if different from above

Same as above: _____

Title: _____ First Name: _____ Last Name: _____

Company Name: _____

Address

Street 1: _____ Street 2: _____

Town/City: _____

C: COMPANY INFORMATION

Company Type: _____

If other, please specify: _____

Company Registration No.: _____

Trinidad and Tobago Company Registration Number (if different from above): _____

Company VAT Registration Number: _____

Company BIR Number: _____ Company Registration Date: _____

Place of Incorporation: _____

Registered address or principal place of business:

Street 1: _____ Street 2: _____

Town/City: _____

Trinidad and Tobago Registered address or principal place of business (if different from above):

Street 1: _____ Street 2: _____

Town/City: _____

Registered Name: _____

Trading or business name (if different from registered name): _____

Description of principal business activity of the company:

D: Details of Application

Agent representing Manufacturer:

Title: _____ First Name: _____ Last Name: _____

Name of Grantee{ list who manufactured the equipment}: _____

Manufacturer: ¹ _____

Make: ² _____

Equipment Description:

Acknowledged TYPE Approvals{ FCC I.D., IC, DOC, etc} _____

Model Number: _____

Frequency range of operation: _____

Bandwidth: _____

Class licence Category Type for device: _____

Maximum Transmitter Output RF Power (dbm): _____

Maximum Antenna gain (db) _____

E.I.R.P. (Watts): _____

ITU Class of Emission: _____

Other Specific Technical Operating Parameters:

¹ Manufacturer is the entity which manufactures the equipment

² Make is the brand name of the equipment

E: Brief description of how the unit will be utilised

F. 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. 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 Applicant

Title: _____ First Name: _____ Last Name: _____

Name of individual authorised to sign on behalf of company

Title: _____ First Name: _____ Last Name: _____

Job Title: _____

Signature _____

Date: _____