



Telecommunications Authority of
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TECHNICAL SPECIFICATIONS MARINE COAST STATION RADIOCOMMUNICATIONS SYSTEMS Form TS - CS

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-CS	Completed all relevant sections	☐
B1	Original GMDSS Radio Operator's Certificate must be submitted for Radio Operators operating stations on frequencies below 156 MHz.	☐
B2	Description of use radiocommunications system.	☐
B3	Copies of manufacturer's technical specification for radio and antenna.	☐
D	A Letter from technically responsible company/person, accepting responsibility for radiocommunications system, inclusive of a statement of qualifications and experience.	☐

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: _____

NOTE: Original GMDSS Radio Operator's Certificate must be submitted for stations operating on frequencies below 156 MHz.

B. NETWORK DESIGN

- 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.

C. STATION DETAILS

1. Transmitter

Frequency Band	LF ☐	MF/HF ☐	VHF ☐	Other ☐
*Make	_____	_____	_____	_____
*Model	_____	_____	_____	_____
Quantity	_____	_____	_____	_____
Number of Channels Requested	_____	_____	_____	_____
Channel Bandwidth (MHz)	_____	_____	_____	_____
R.F. Output Power (dBm)	_____	_____	_____	_____
ITU Class of Emission Designator	_____	_____	_____	_____
Modulation Type:	_____	_____	_____	_____
I.F. Frequencies (kHz)	_____	_____	_____	_____
Frequency Stability (%)	_____	_____	_____	_____

2. RECEIVER

	LF	MF/HF	VHF	OTHER
Receiver Selectivity (adjacent channel rejection) (dB)	_____	_____	_____	_____
Receiver Sensitivity (Indicate Type dB SINAD, Dynamic, Static)	_____	_____	_____	_____
Spurious and Image Rejection (dB)	_____	_____	_____	_____
IF Frequency (kHz)	_____	_____	_____	_____

C. STATION DETAILS (CONTINUED...)

3. Antenna

	LF	MF/HF	VHF	OTHER
*Make	_____	_____	_____	_____
*Model	_____	_____	_____	_____
Lower Limit:	_____	Lower Limit: _____	Lower Limit _____	Lower Limit: _____
*Frequency Range of Operation of Antenna (MHz)	_____	_____	_____	_____
Upper Limit:	_____	Upper Limit: _____	Upper Limit: _____	Upper Limit: _____
*Antenna Type	_____	_____	_____	_____
Antenna gain (dB)	_____	_____	_____	_____
Polarization	_____	_____	_____	_____
Antenna Azimuth (degrees)	_____	_____	_____	_____
Antenna Elevation (degrees)	_____	_____	_____	_____
Total Transmission Lines Loss (dB)	_____	_____	_____	_____

4. Location

	LF	MF/HF	VHF	OTHER
*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

Title: _____ First Name: _____ Last Name: _____

Position: _____

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: Title _____ First Name: _____ Last Name: _____

Position: _____

Mailing Address

Location: _____ Street: _____

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

Telephone: _____ Facsimile: _____ Email: _____

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: _____