



Nigerian Communications Commission

**APPLICATION FOR FREQUENCY
ASSIGNMENT**

WIRELESS LOCAL LOOP SYSTEMS

(FORM ENG/02)

NAME OF APPLICANT (COMPANY):

ADDRESS:

.....

FREQUENCY APPLIED FOR [MHz or GHz]:

STATE(S) OF THE FEDERATION:

DATE OF APPLICATION:

IMPORTANT INFORMATION

This application should be submitted in triplicate (each bounded) along with the following documents;

1. A copy of the Certificate of incorporation of the company from the Corporate Affairs Commission (CAC).
2. Two (2) passport sized photographs each of Two (2) authorized representatives of the company.
3. The technical details of the proposed equipment(s) as well as the channel plan(s).
4. The EMC Certificate for the proposed equipment(s) or Type Approval Certificate(s) from the country(ies) of origin.
5. A copy of the receipt for processing fee.
6. A summary of the proposed network plan including diagrams.
7. A Technical justification for the applied Frequency bandwidth.

Section A: Applicant (Company) Details

A1. Applicant Name:

A2. Address:

.....

.....

A3 Address for correspondence (if different from above):

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.....

A4. Contact Person:

Name:

Telephone:

Fax:

E-mail:-

A5. Nature of the applicant's business:

A6. Type of Operational License(s) held:

.....

A7. License No(s):

.....

A8₁. Is this frequency assignment sought for

Temporary Use (Less than 3 months)

Or

Long-Term Use (3 months and above)

A8₂. Please indicate the number of year(s) to be covered by the first invoice:

1yr

5yrs

10yrs

15yrs

Section B: Equipment/System Information

B1. What is the intended service coverage area? *(Please be as precise as possible)*

.....
.....
.....

B2. Access Technology (e.g. CDMA, TDMA or FDMA):

.....

B3. For each proposed Cell Site/BTS/BSC please furnish the following:

1. Longitude of the Station:

 Deg Min Sec

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(East)

2. Latitude of the Station:

 Deg Min Sec

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(North)

3. Equipment Type:

 i. Make/Manufacturer:

 ii. Model:

 iii. Type:

4. The preferred Frequency Band:

5. Duplex Mode:

FDD

Or

TDD

- 6a. Tx/Rx Spacing (MHz):
- 6b. Tx/Tx Spacing (Emission Bandwidth):
- 7. Number of Carriers/ Channels Required:
- 8. Effective Isotropic Radiated Power (EIRP):
- 9. Modulation Type:
- 10. Transmission Rate:
- 11. Intended Height of the Antenna (AGL and ASL):
 - Height above ground (AGL):
 - Height above sea level (ASL):
- 12. Height of the Tower/Mast/Structure on which the Antenna is to be mounted.
 - Height above ground (AGL):
 - Height above sea level (ASL):

Section C: Site Information

C1. Please provide name (if any) and full location address of the Cell Site/BTS/BSC/Tower/Structure.

1. Name:

2. Address:

.....

C2a. Is this

An existing Tower/Mast/Structure

OR

A New Tower/Mast you are constructing

C2b. If new Tower/Mast, please attach evidence of approval from FAAN for the mast.

C3. Contacts at this Location:

1. Name:

2. Telephone:

3. Fax:

4. E-mail:

C4. Administrative Contact:

1. Name:

2. Telephone:

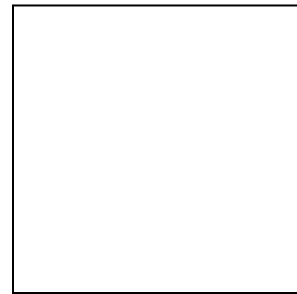
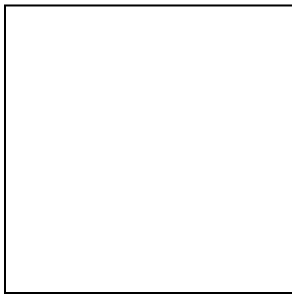
3. Fax:

4. E-Mail:

Section D: Declaration

We, whose photographs and signatures appear below, hereby declare that the information supplied in this Application Form is true in all respects and we hereby sign undertakings that upon assignment of frequency, we shall abide by the terms and conditions upon which the Frequency Authorization/License is granted. We accept that our Frequency Authorization/License may be revoked and appropriate penalty applied if it is found that we have been granted Frequency Authorization/License based on incorrect information furnished to the Commission

Attach two passport sized photograph each of the two authorized representative of the company and company seal.



Name:

Name:

Designation:.....

Designation:

Signature:

Signature:

Section E: Checklist

E1. Please mark **X** in the appropriate box

Has all applicable sections of this form been completed?

Has the declaration been signed?

Has all the documents requested for been enclosed?

Section F: Where to return the application form

F1. Please address the completed form and any attachments to:

The Executive Vice Chairman/ CEO,
Nigerian Communications Commission,
Plot 432 Aguiyi Ironsi Street,
Maitama, P.M.B. 326, Abuja.
Federal Capital Territory
Nigeria.
Telephone: 234-9-4617000
Facsimile: 234-9-4617514
Website: www.ncc.gov.ng

And return directly to the above address or through any of the Commission's Zonal Offices listed in the table below;

Enugu Office No 7, Egerton Street, G.R.A Behind Police Headquarter Adjacent to High-court, Enugu State. Tel: 234-42-250435, 257776 251538, 257629 Fax: 234-42-250435	Ibadan Office No 19, Oshuntokun Avenue Old Bodija, Ibadan, Oyo State. Tel: 234-2-8104303 Fax: 234-2-8103997
Kano Office No. 1, Sokoto Road, By Audu Bako Secretariat, Nasarawa GRA, P.M.B 3212, Kano State. Tel:234-64-947822, 319999 Fax:234-64-328855	Lagos Office 9A Bankole Oki Street, Behind Ikoyi Club, Ikoyi, Lagos. Tel: 234-1-72093224, 2690603, 2690712 Fax: 234-1-2690750
Port Harcourt Office No. 23A, Igbodo Street, Behind First Bank Aba Road, Old GRA, Port Harcourt, Rivers State. Tel: 234-84-233055, 573006 Fax: 234-84-239942	

FOR OFFICIAL USE ONLY

1. Date Application submitted:
2. Frequency Reservation:
3. Date of Notification of Offer:
4. Status of Security Clearance:
5. Payment for License:
6. Receipt No:
7. Date:
8. License No:
9. Validity:
10. Approved Frequency & States:
11. Date of Approval:
12. Payment and Date: