

ENTITY NAME:

APPLICATION FEE: US\$ _____ APPLICATION # _____

Every piece of Radiocommunications and Telecommunications Equipment used in the Republic of Liberia must be Type Approved by the Liberia Telecommunications Authority (LTA) before installation.

TYPE OF LICENSE REQUIRED (Please Select One)

AM Broadcast Station FM Broadcast Station SW Broadcast Station

- Community Radio
- Campus Based Radio
- Nationwide Radio
- Type A Standard
- Type B Standard
- Type C Standard
- Type D Standard
- Internet Protocol FM Radio
- Other (Please specify)

TV Broadcast Station

- Free-on-Air TV Nationwide
- Free-on-Air TV Urban
- Free-on-Air TV Rural
- Digital Terrestrial TV with frequency assignment
- Digital Terrestrial TV without frequency assignment
- Satellite TV
- Pay Internet Protocol TV
- Free Internet Protocol TV
- Other (Please specify)

Purpose of Service.....

Indicate whether the applicant, or any affiliate of the applicant, currently operates a licensed Broadcast station in Liberia. Yes No

If yes, identify the Licensee and the date the License was issued?

Name of Licensee.....

Date of License Issuance.....

Proposed date of test broadcast commencement

Preferred Frequency (If any)

Type of Emission.....Emission Bandwidth.....

EQUIPMENT DETAILS

LOCATION OF STATION

County.....

Address.....

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Latitude.....Longitude.....

PROPOSED EQUIPMENT – Transmitter (TX), Receiver (RX)

TX	MANUFACTURER & TYPE	
	Number	
	Power (Intermediate Frequency)	
	IF Bandwidth (3dB)	
	Crystal Multiplication	
RX	Manufacturer & Type	
	Number	
	Power (Intermediate Frequency)	
	IF Bandwidth (3dB)	
	Crystal Multiplication	

ANTENNA TYPE – Transmitter (TX), Receiver (RX)

TX	MANUFACTURER & TYPE	
	Polarization	
	Azimuth of Maximum Radiation	
	Beamwidth of main lobe (high-plan 3db)	
RX	Manufacturer & Type	
	Polarization	
	Azimuth of Maximum Radiation	
	Beamwidth of main lobe (high-plan 3db)	

Name and Qualifications of technical Personnel(s) that will maintain the Station

Name:

Qualification:

CERTIFICATION STATEMENT

We declare that we have not commenced provision or operation of any of the Radiocommunication stations applied for in this application and every piece of information in this application is true and correct. We understand that approval from the LTA for this application is based on information declared in this application. We further acknowledge that, should any of the information declared herein is found to be untrue, inaccurate or incorrect; any license granted by the LTA will be revoked without notice. The LTA reserves the right to impose penal sanctions against us under any applicable laws and regulations in force, and this is without prejudice to any civil remedies that the LTA could bring against us if any of the information declared in this application is found to be untrue, inaccurate or incorrect.

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Signature

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Stamp

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Name

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Date

.....
Position

Official Use Only

Date Application Received.....LTA Broadcast Station License Application Number.....

Permission Granted! YES NO, Reason(s).....

Frequency(ies)MHz

Name of Authorized LTA Personnel.....Title.....

SignatureDate Application Processed.....

License Type.....

Date Issued.....Expiration Date.....

Comments:.....

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This completed application form and subsequent payment of applicable fee (s) must be received in our office within 90 calendar days as of the date of receipt. Failure to provide the required information and payment by _____ will result in cancellation of your application.