



Commission for
Communications Regulation

APPLICATION FORM

BUSINESS RADIO LICENCE

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An Coimisiún um Rialáil Cumarsáide

Commission for Communications Regulation

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APPLICATION FOR BUSINESS RADIO LICENCE

ALL SHADED SECTIONS MUST BE COMPLETED

PART 1

GENERAL INFORMATION

Contact Details

APPLICANT DETAILS

1. Full Name of the Company, firm or person in whose name the licence is sought	
1. Business Address	
3. Contact name ^[1]	
4. Phone No.	
5. Fax No.	
6. E-Mail	
7. Address to which the licence is to be sent, if different from the address given above	
8. Address to which invoices are to be sent, if different from the address given above	

BUSINESS DETAILS

1. Registered name of Company / firm	
2. Company trade name (if different from above)	
2. For Limited Company registered number in the Companies Registration Office	
3. Name(s) of owner (s), partner (s) or Director	

SUPPLIER DETAILS ^[2]

1. Company name	
2. Contact name ^[3]	
3. Address	
4. Phone No.	
5. Fax No.	
6. E-Mail	

^[1] Person in the organisation who is responsible for the radio equipment.

^[2] Company which is supplying the equipment.

^[3] Supplier contact from whom technical information in relation to radio equipment can be obtained

General Application Details

1. Type of Application	New <input type="checkbox"/>	Amendment <input type="checkbox"/>	
2. Details of existing licences (if applicable). You may attach a copy of any existing licence/s if you wish			
3. If an amendment to an existing licence is requested, please state the details of amendment			
4. Purpose of the licence (i.e. security, delivery, safety, taxi, courier etc.)			
5. Please indicate the area of coverage required	On-site		
	Other		
6. Please indicate the frequency band you wish to use	VHF Low (68 – 87.5 MHz)		
	VHF Mid (138 – 156 MHz)		
	VHF High (156 – 174 MHz)		
	UHF (450 – 470MHz)		
7. Please indicate the type of channel required	Single Frequency <input type="checkbox"/>	Dual Frequency <input type="checkbox"/>	
8. Method of operation	Normal <input type="checkbox"/>	Talk-Through ^[4] <input type="checkbox"/>	Remote Base Station ^[5] <input type="checkbox"/>
9. Please indicate the type of transmission you will be using	Voice <input type="checkbox"/>	Voice and Data <input type="checkbox"/>	Data <input type="checkbox"/>

^[4] If a Talk-Through facility or a Remote Base Station (Base Station controlled from a separate location) is required adequate justification for its use must be provided on a separate sheet

^[5] A covering note explaining the need for this configuration should accompany the application.

PART 2

TECHNICAL DETAILS

Equipment in the system

BASE STATION

Quantity

If more than one Base Station is in operation, this section must be duplicated and completed in respect of each additional station.

1. Type of Base Station	Standard <input type="checkbox"/>	Repeater <input type="checkbox"/>
2. Address of Base Station		
3. Base Geographical Co-ordinates (This refers to the co-ordinates of the location where the Base Station is going to be situated. An Ordnance Survey Map indicating location may also be provided).	Longitude	<input type="text"/> <input type="text"/> W <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Latitude	<input type="text"/> <input type="text"/> N <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Northing	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Easting	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NGR	<input type="text"/> <input type="text"/>
	Location	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Base Station Manufacturer		
5. Base Station Model		
6. Equipment Standard (ETSI etc)		
7. Antenna Manufacturer		
8. Antenna Model		
9. Maximum Gain (dBi)		
10. Polarisation of antenna	Vertical <input type="checkbox"/>	Horizontal <input type="checkbox"/>
11. Antenna height (m)	Above Ground Level <input type="checkbox"/>	Above Sea Level <input type="checkbox"/>
12. If base station is controlled remotely please specify the address of the Control Centre		
12a. Proposed link between the Base Station and the Control Centre	Private wire	
	Radio Link ^[8]	
	Other (please specify)	

^[8] If a Radio Link is required, a separate application form must be submitted for this purpose. Radio Link Application Forms can be obtained from the ComReg website www.comreg.ie or by contacting the Commission directly.

MOBILE STATIONS

Quantity

1. Mobile Station Manufacturer	
2. Mobile Station Model	
3. Equipment Standard (ETSI etc)	
4. Location of Operation (please specify address)	

PORTABLE STATIONS

Quantity

1. Portable Station Manufacturer	
2. Portable Station Model	
3. Equipment Standard (ETSI etc)	
4. Location of Operation (please specify address)	

CALL-SIGN

1. If there is a call-sign that you wish to use, please enter it here (This is the identification code that users must use for all transmissions)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						

TONE CONTROL^[9]

1. If you are using tone control please indicate tone	CTCSS	
	DCS	
	OTHER (Please specify)	

^[9] Tone Control is mandatory for Repeater usage, Remote Base Station usage and where Talk-Through is in operation.

FEES

		Quantity	Total
Processing Fee €22		1	€22.00 (Not applicable for amendments)
Base Station €22			
Mobile Station €22			
Handportable €22			
TOTAL FEE (€)			

METHOD OF PAYMENT

- **Cheque** Cheques should be crossed and made payable to The Commission for Communications Regulation
- **Postal Order** Postal Orders should be crossed and made payable to The Commission for Communications Regulation
- **Direct Debit/ Standing Order** For details of these payments please contact our Accounts Division on (01) 8049618
- **Bank Transfer** Transfers should be made to: Bank of Ireland, 28 Lower O’Connell Street, Dublin 1. Account Number: 17806887. Sort Code: 90-00-33. Please forward details of date and payment and amount of payment to our Accounts Division.
- **Credit Card** **Visa • Access/ Mastercard • Laser •**

Card No: ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●

Cardholder’s Name: _____

Cardholder’s Address: _____

Expiry Date: ____ / ____

Signature: _____

PART 3

DECLARATION BY THE APPLICANT

Application is hereby made on behalf of _____
(Name of individual or company) for the issue of a licence to install, hold and use wireless sending and receiving apparatus - as detailed above - for the purposes stated.

In accordance with the Wireless Telegraphy (Business Radio Licence) Regulations, 1949 – 1986, I accept responsibility for the installation, maintenance and operation of the system if approved.

I confirm that no change will be made in any of the foregoing without prior approval of The Commission for Communications Regulation.

Signature of applicant: _____

Name in Block Letters: _____

Date: _____

THE APPLICANT/LICENSEE SHOULD BE AWARE THAT HE/SHE IS RESPONSIBLE
IN LAW FOR THE RADIO SYSTEM AND ITS OPERATION REGARDLESS OF WHO
SUPPLIES THE EQUIPMENT OR WHO OPERATES IT ON HIS/HER BEHALF

**The completed Application Form and the appropriate fee should be submitted to:
The Commission for Communications Regulation, Licensing Division,
Abbey Court, Irish Life Centre, Lower Abbey Street, Dublin 1**