



Official use only

Independent Communications Authority of South Africa

Visit [www.icasa.org.za](http://www.icasa.org.za) for  
Head Office & Regional Offices  
Contact Information

# SECTION 1: RADIO COMMUNICATION APPLICATION

The form must be completed in CAPITAL LETTERS,  
and in BLACK INK

Number of appendices attached A,B,C,D e.g. (1 of 20)

of

## Application Type

Temporary/Test Licence      Date

Transfer      From  To

New Radio Communication Service       New Radio Type Approval

Radio Communication Service Modification       Modify Type Approval

Existing Licence No.

## Type Of Service

- Aeronautical
- Alarms
- Amateur Radio
- Cellular
- Citizen Band
- Civil Defence Force
- Communal Repeater
- Demonstration
- Experimental
- Link above 1000 MHz
- Link below 1000 MHz
- Maritime
- Load Shedding
- Message Handling
- Paging
- Private
- Private Repeater
- Satellite
- Short Range Business Portable
- Ski-Boat
- Special
- Telemetry
- Trunking
- Radio Suppliers/Technicians
- Vehicle Tracking
- Very Short Range Band
- Wan

## Official Use Only

Recommended

Approved      Signature \_\_\_\_\_

Not Approved

Pending      Signature \_\_\_\_\_

Waiting List      Date \_\_\_\_\_

Officer

Date

Notes

  
  
  


Other

Specify

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A P P E N D I X C

## DETAILS OF AERONAUTICAL STATION LICENCE

### AIRCRAFT STATION

Operator's Certificate Number

Call Sign

Aircraft Type

Take-off Weight

Date of Purchase

| EQUIPMENT             | MAKE AND MODEL | POWER (WATT) | CLASS OF EMISSION ? | FREQUENCY BANDS ? |
|-----------------------|----------------|--------------|---------------------|-------------------|
| VHF TRANSMITTER       | 1              |              |                     |                   |
|                       | 2              |              |                     |                   |
|                       | 3              |              |                     |                   |
|                       | 4              |              |                     |                   |
| HF TRANSMITTER        | 1              |              |                     |                   |
|                       | 2              |              |                     |                   |
|                       | 3              |              |                     |                   |
|                       | 4              |              |                     |                   |
| EMERGENCY TRANSMITTER | 1              |              |                     |                   |
|                       | 2              |              |                     |                   |
|                       | 3              |              |                     |                   |
|                       | 4              |              |                     |                   |
| EPRIRB                | 1              |              |                     |                   |
|                       | 2              |              |                     |                   |
|                       | 3              |              |                     |                   |
|                       | 4              |              |                     |                   |
| OTHER EQUIPMENT       | 1              |              |                     |                   |
|                       | 2              |              |                     |                   |
|                       | 3              |              |                     |                   |
|                       | 4              |              |                     |                   |

# APPENDIX C: AERONAUTICAL STATION

\*Note: To be completed for aeronautical fixed stations only  
Duplicate this page for each fixed station

## Site Information

Number of fixed stations

|              |                      |                           |                      |       |                      |
|--------------|----------------------|---------------------------|----------------------|-------|----------------------|
| Base/Control | <input type="text"/> | Beacon                    | <input type="text"/> | Link  | <input type="text"/> |
| Repeater     | <input type="text"/> | Remote-controlled station | <input type="text"/> | Radar | <input type="text"/> |
| Mobile       | <input type="text"/> |                           |                      |       |                      |

Equipment Manufacturer and Brand Name  Model no

Frequencies required   KHz  MHz  GHz Maximum Power  W

Antenna gain  (dBi)  (dBd) Frequency Tolerance  Hz  kHz

Call Sign  Deviation  kHz

Address of Fixed station  Co-ordinates: (Deg; Min; Sec)

South  D  M  S

East  D  M  S

Code

Purpose of Communication

## Agreement by applicant (must only be signed by applicant)

I/We understand that if my/our application is approved the licence will be subjected to the provisions of the Electronic Communications Act, 2005 (Act No. 36 of 2005), and the Regulations made thereunder, as amended from time to time.

SURNAME IN CAPITAL LETTERS

Capacity

Signature

Date

# SECTION 3: CLIENT INFORMATION

Company

Trading Name

Department

Registration No.

Vat No.

Title

Initials

Surname

ID No.

Nationality

Area Code

Tel. (B)

Area Code

Tel. (H)

Area Code

Fax No.

Cell.

E-Mail

## Business or Residential Address

Building/  
Farm/Plot

Street No.

Street

Suburb

City/Town

Postal code

## Postal Address if different from the above

Postal code

## Account Information

Surname of person responsible for payment of the account

Title

Initials

Job Title or Position

Name of branch or division responsible for payment of the account

Postal address

Postal code

Area Code

Tel. (B)

Area Code

Tel. (H)

Area Code

Fax No.

Cell.

If you are already in possession of the radio equipment state date on which acquired

Licence number of previous owner

Name and address of previous

# SECTION 3: CLIENT INFORMATION (continued)

Next of kin: (If applicant is a private person furnish name and address of next of kin not living with you)

Title  Initials  Surname

ID No.  Relationship

Area Code  Tel. (B)  Area Code  Tel. (H)

Area Code  Fax No.  Cell.

## Residential Address

Postal Code

## Postal Address

Postal Code

Note that should the applicant be under the age of 18 the following should be completed

## Details of Guardian

Title  Initials  Surname

ID No.  Relationship

Area Code  Tel. (B)  Area Code  Tel. (H)

Area Code  Fax No.  Cell.

## Residential Address

Postal Code

## Postal Address

Postal Code

## Agreement by applicant (must only be signed by applicant)

I/We understand that if my/our application is approved the licence will be subjected to the provisions of the Electronic Communications Act, 2005 (Act No. 36 of 2005) and the Regulations made thereunder, as amended from time to time.

SURNAME IN CAPITAL LETTERS

Capacity

Signature

Date