



Regulatory
Authority
of Curaçao

APPLICATION FORM

**Authorization radio
transmitter/receiver
installation land mobile
communication,
air-to-ground, limited
coastal station.**

REVENUE

STAMP OF

NAF. 10

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GENERAL INFORMATION

The authorization of a radio transmitter/receiver installation for land mobile radio communication, air-to-ground communication and communication with coastal stations requires specific information to be submitted.

In this application form the required information has been specified in the following sections:

SECTION 1: Contact and business information about the applicant.

SECTION 2: Registration of further equipment specifications.

SECTION 3: Category and activities of limited coastal station.

Please fill in the form in capital letters (block letters).

Required documents

This application must be submitted with an original excerpt of the certificate of registration with the Chamber of Commerce and Industry (not older than 3 months).

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SECTION 1: INFORMATION ABOUT THE APPLICANT

Contact information and personal data

1.1. Check the box with the subject of your application here below*.

- Land mobile radio (telephone) communication Skip question 1.3.c. and 2.2.b.

- Air-to ground Skip question 1.3.c. and 2.2.a.

- Limited coastal station Skip question 2.2.a.

* Authorization is issued for one individual service at a time. Please submit your application accordingly. If you need authorization for more services please submit your application again per service that you require.

1.2. Data of the applicant.

- Name :

- Identity no. (ID-no.) :

- Address :

- Country :

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1.3.a Information on the company applying for authorization.

• Company name : _____

• Address : _____

• Registration number with Chamber of Commerce & Industry*: _____

* Add certificate of registration with the Chamber of Commerce & Industry, not older than 3 months.

1.3.b What is the core business / main activity of the company or institution?

1.3.c For coastal station: Check the box in the list on page 8 (SECTION 3) that describes the business category and core business of your company.
(Only answer this question if a limited coastal station is applicable).

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1.3.d How many frequencies does this application involve? For land based mobile communication (radio telephone) also provide the required frequency band: UHF / VHF.

1.3.e Contact person for the company and telephone number for further information.

- Contact person : _____
- Telephone number: _____
- E-mail address : _____

To be completed by the applicant for authorization.

- Date : _____ Signature: _____
- Place : _____

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SECTION 2: REGISTRATION EQUIPMENT SPECIFICATIONS

Further specifications of equipment

2.1.a Give a detailed description of the usage/purpose of the equipment.

2.1.b Name and address information of the supplier of the equipment.

• Company name :

• Address :

• Country :

2.2.a Details radio telephones LAND BASED MOBILE RADIO COMMUNICATION*.

(Fill in only for authorization application for land based mobile radio communication equipment.)

	Base station(s)	Land based mobile radio communication (e.g. Radio telephone)	Two way radio system (Portofoon)
Manufacturer			
Type			
Power/ Capacity			

* Provide folders with technical information on the equipment to be used.

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2.2.b Details radio communication AIR_TO_GROUND and LIMITED COASTAL STATION*.

(Fill in only for authorization application for air-to-ground and limited coastal station equipment).

	Basistation(s)
Fabrikaat	
Type	
Vermogen	

* Provide folders with technical information on the equipment to be used.

2.3. Full address of the location of the station installation.

2.4. Height of the mast.

2.5. Further details.

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SECTION 3: CATEGORY LIST LIMITED COASTAL STATION ACTIVITY

Limited coastal station for the supply and reparation of ships and port activities.

Coastal station for the purpose of safety.

Coastal stations for recreational vessels.

VHF coastal stations for fishing ports and nature reserves.

VHF coastal station for commercial purposes.

HF coastal station for commercial purposes.
