

FREQUENCY LICENCE APPLICATION FORM FIXED RADIO LINK

Applicants must also include a power budget and a path profile with each application for a fixed radio link frequency license.

Information to assist applicants with completing this form is contained in guidance notes which are available on TRAs' website

Section A Purpose of application:

A.1 Please put X in the appropriate box

- New frequency licence application for a new link
 Technical reconfiguration of an existing link
 Deletion of an existing link

Section B Contact details:

B.1 Do you already hold a fixed radio link frequency licence?

Tick one box as appropriate

- Yes No

B.1.1 If yes, please enter your licence reference and go to section C.

B.2 To whom is the licence to be issued?

Tick one box as appropriate

- Individual
 Juristic Entity
 Public Authority
 Other entity (*please specify below*)

<p>Title <input style="width: 100%;" type="text"/></p> <p>Surname <input style="width: 100%;" type="text"/></p> <p>Forename <input style="width: 100%;" type="text"/></p> <p>Company Name <input style="width: 100%;" type="text"/></p> <p>Trading Name <input style="width: 100%;" type="text"/></p>	Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> Town <input style="width: 100%;" type="text"/> P.O. Box <input style="width: 100%;" type="text"/> Tel <input style="width: 100%;" type="text"/> Ext./DDI <input style="width: 100%;" type="text"/> Fax <input style="width: 100%;" type="text"/> E-mail <input style="width: 100%;" type="text"/>
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B.2.1 Company registration number

B.2.2 Nature of business

B.3 Should the licensee, at B.2, also be contacted for invoicing matters?

Tick one box as appropriate

Yes

No

B.3.1 If no, please provide contact details for invoicing

Title	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Forename	<input type="text"/>		<input type="text"/>
Company Name	<input type="text"/>	Town	<input type="text"/>
Trading Name	<input type="text"/>	P.O. Box	<input type="text"/>
		Tel	<input type="text"/>
		Ext./DDI	<input type="text"/>
		Fax	<input type="text"/>
		E-mail	<input type="text"/>

B.4 Are you a third party contractor installing on behalf of the licensee?

Tick one box as appropriate

Contact as B2

Contact as B3

B.4.1 if neither, please provide technical contact details

Title	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Forename	<input type="text"/>		<input type="text"/>
Company Name	<input type="text"/>	Town	<input type="text"/>
Trading Name	<input type="text"/>	P.O. Box	<input type="text"/>
		Tel	<input type="text"/>
		Ext./DDI	<input type="text"/>
		Fax	<input type="text"/>
		E-mail	<input type="text"/>

Section C Technical Characteristics:

C.1 For links operating along common paths in Co-channel Dual Polar (CCDP) mode, which option from the following applies:

Does the application contain the technical details of both links?
(i.e. one vertically polarized and one horizontally polarized)?

Yes

No

Does this application contain the technical details for the first link only (in either polarization)?

Yes

No

Does this application contain the technical details for the second link only (orthogonally polarized to an assigned/licensed link)?

Yes

No

C.2 If this is a technical reconfiguration of an existing link, please quote your existing frequency licence reference here

C.2.1 If this is a licence cancellation, please quote your existing frequency licence reference here, answer question C.2.2 and go to section G.

C.2.2 Please enter the date from which you require the change to become effective

 / /

C.3 Which frequency band do you prefer? Tick one box as appropriate

GHz

4 L6 U6 7 8 11 13 15 18 23 27 32 38 52 57 58

C.4 Please specify the tuning range of the equipment

Lower . MHz

to

Upper . MHz

C.5 Please indicate your preferred polarization

Vertical Horizontal No preference

Tick one box as appropriate

Section D Link details:

D.1 Please state the required service availability level between 99.9% and 99.999%

- 99.9% 99.995%
 99.95% 99.999%
 99.99% other %

D.2 Please state the estimated length of your radio path in kilometres .

D.3 What is the planned go-live date? / /

Section E Site details:

E.1 Is this a one-way link? Yes No

E.2 Please provide the link locations

Latitude / Longitude

Site A

<input type="text"/>	N	<input type="text"/> <input type="text"/>	'	<input type="text"/> <input type="text"/>	"
<input type="text"/>	E	<input type="text"/> <input type="text"/>	'	<input type="text"/> <input type="text"/>	"

E or W
As Appropriate

Site B

<input type="text"/>	N	<input type="text"/> <input type="text"/>	'	<input type="text"/> <input type="text"/>	"
<input type="text"/>	E	<input type="text"/> <input type="text"/>	'	<input type="text"/> <input type="text"/>	"

E or W
As Appropriate

E.3 Please give the site name and address

Site A

Name

Address

Town

P.O. Box

Site B

Name

Address

Town

P.O. Box

E.4 Is this a new site? Yes No Site A
 Yes No Site B

E.4.1 Please confirm the height of the antenna in metres above ground level (or mean sea level if offshore) metres metres

Section F System details:

Equipment manufacturer

Equipment model number

Bit rate (e.g. 8 Mbit/s, 34 Mbit/s, STM-1 etc)

Bandwidth required (e.g. 7 MHz, 28 MHz, 56 MHz, etc.)

Class of emission

Class of station

Nature of service

Site A

Site B

Transmitter power/Type(X, Y, Z)

 dBW

Radiated power/(E,I,V)

 dBW

Azimuth of maximum radiation

Elevation angle of maximum direction

Angle width of radiated main lobe

Antenna manufacturer

Antenna model number

Antenna maximum (bore-sight) gain

Maximum effective height of antenna

 m

Size of antenna

Antenna pattern

<input type="text"/> dB at <input type="text"/> degree	<input type="text"/> dB at <input type="text"/> degree
<input type="text"/> dB at <input type="text"/> degree	<input type="text"/> dB at <input type="text"/> degree
<input type="text"/> dB at <input type="text"/> degree	<input type="text"/> dB at <input type="text"/> degree
<input type="text"/> dB at <input type="text"/> degree	<input type="text"/> dB at <input type="text"/> degree
<input type="text"/> dB at <input type="text"/> degree	<input type="text"/> dB at <input type="text"/> degree
<input type="text"/> dB at <input type="text"/> degree	<input type="text"/> dB at <input type="text"/> degree
<input type="text"/> dB at <input type="text"/> degree	<input type="text"/> dB at <input type="text"/> degree

TX/RX-Spectrum

-/+ <input type="text"/> MHz <input type="text"/> dB	-/+ <input type="text"/> MHz <input type="text"/> dB
-/+ <input type="text"/> MHz <input type="text"/> dB	-/+ <input type="text"/> MHz <input type="text"/> dB
-/+ <input type="text"/> MHz <input type="text"/> dB	-/+ <input type="text"/> MHz <input type="text"/> dB
-/+ <input type="text"/> MHz <input type="text"/> dB	-/+ <input type="text"/> MHz <input type="text"/> dB
-/+ <input type="text"/> MHz <input type="text"/> dB	-/+ <input type="text"/> MHz <input type="text"/> dB

C/I (Long Term)
C/I (Short Term)

dB
 dB

dB
 dB

Feeder length

RX. sensitivity

F.1 Please state the feeder losses

dB

dB

F.2 Please state any other losses

dB

dB

F.3 Feeder losses greater than 10 dB and other losses greater than 4 dB need to be justified. If the losses in question F.2 and/or F.3 exceed these limits, please provide justification below

For Site A	For Site B

Section G Declaration:

- 1 The information requested on this form is being collected by TRA and is to be processed for the purpose of approving this application and issuing frequency.
- 2 Applicants should note that:
 - Information provided by the applicant may be made available to other government departments;
 - Information provided in answer to the questions on this application form may be passed to international bodies or other governments in accordance with commitments entered into by the government of the Kingdom of Bahrain.
 - It is an offence to knowingly make a false statement in support of this application and may lead to the licence being refused or revoked.

Date of application

 / /

Full Name in CAPITAL LETTERS

Signature for and on behalf of the applicant