



# NIGERIAN COMMUNICATIONS COMMISSION

## MOBILE SATELLITE SERVICE (MSS) NETWORK FREQUENCY LICENCE APPLICATION FORM

### Part 1: General Information

#### Applicant Information

Name of Company: \_\_\_\_\_

Company Representative: \_\_\_\_\_  
*Last First Middle*

Position Held: \_\_\_\_\_

Company Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City Country/State P.O. Box/Zip Code*

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Fax Telephone number: \_\_\_\_\_ Country: \_\_\_\_\_

### Part 2: Technical Parameters

#### MSS Parameters

TYPE OF MSS STATION: AMSS:  LMSS:  MMSS:

Brand (Manufacturer): \_\_\_\_\_

Frequency Band of Operation:

L -Band:

S -Band:

Others: \_\_\_\_\_

MSS Network Facility Type:

Transmit only:  Receive only:

Transmit/Receive:  Others:  Please specify: \_\_\_\_\_

#### MSS Transmit Parameters

Provide information regarding the proposed Transmitter:

Transmit (Tx) Center Frequency: \_\_\_\_\_ MHz

Frequency Range of Operation: From: \_\_\_\_\_ MHz To: \_\_\_\_\_ MHz

ITU Class of Emission Designator: \_\_\_\_\_

Max. EIRP/ Carrier (dBW): \_\_\_\_\_

Max. EIRP Density per Carrier (dBW/4KHz): \_\_\_\_\_

**MSS Receive Parameters**

*Provide information regarding the proposed Receiver:*

Receiver (Rx) Center Frequency: \_\_\_\_\_ MHz

Frequency Range of Operation: From: \_\_\_\_\_ MHz To: \_\_\_\_\_ MHz

**Associated Gateway Earth Station**

Associated Gateway Earth Station (GES) ID: \_\_\_\_\_

Associated Gateway Earth Station (GES) Address: \_\_\_\_\_

Town/ City: \_\_\_\_\_

Country: \_\_\_\_\_

**Latitude:** Deg: \_\_\_\_\_ Mins: \_\_\_\_\_ Secs: \_\_\_\_\_ N or S *In Decimal:* \_\_\_\_\_

**Longitude:** Deg: \_\_\_\_\_ Mins: \_\_\_\_\_ Secs: \_\_\_\_\_ E or W *In Decimal:* \_\_\_\_\_

**Site Elevation above Sea Level (ASL):** \_\_\_\_\_

**Associated Space Satellite Parameters**

**Name of Associated Space Satellite:** \_\_\_\_\_

**Orbital Type of Space Satellite:** \_\_\_\_\_

**Orbital Position of Space Satellite:**

Degree E: \_\_\_\_\_

Degree W: \_\_\_\_\_

**MSS Network Parameters**

Provide the following information.

MSS Deployed Network: \_\_\_\_\_ (TO BE SUBMITTED BI-ANNUALLY IN LINE WITH THE SATELLITE REPORTING TEMPLATE VIA THE URL <https://www.ncc.gov.ng/accessible/documents/824-satellite-services-deployment-reporting-template>) \_\_\_\_\_

## Disclaimer and Signature

*I certify that the provided information are true and complete.*

*The grant of an Assignment notwithstanding, I understand that any false or misleading information in my application may result in the Commission withdrawing the said Licence and my forfeiture of whatsoever amount I have paid on account of the Licence.*

*Affix Passport  
Photograph of  
Authorized  
Representative*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# IMPORTANT INFORMATION

This application should be submitted in triplicate (each bounded) along with the following documents:

1. A copy of the Certificate of Incorporation of the company from the Corporate Affairs Commission (CAC).
2. Two (2) passport sized photographs each of Two (2) authorized representatives of the company.
3. The technical details of the proposed equipment.
4. The EMC Certificate for the proposed equipment and Type Approval Certificate(s) from the Nigerian Communications Commission.
5. A copy of the receipt for processing fee (N 10,000:00)
6. Schematic of the proposed network deployment.

## CHECKLIST

Please mark X in the appropriate box:

- Have all applicable sections of this form been completed?
- Has the disclaimer page been signed?
- Have all the documents requested for been enclosed?