NIGERIAN COMMUNICATIONS COMMISSION

EARTH STATION SERVICE APPLICATION FORM

Part 1: General Information

- Applicant Information

Name of Company: ________________________________

Company Representative: ________________________________

Position Held: ______________________________________

Address: ______________________________________

Street Address

City __________________ State __________ Postal Code __________

P.O. Box: ________________________________

Phone No.: ________________________________ Email ________________________________

Fax Tel. No.: ________________________________ Country ________________________________

Part 2: Technical Parameters

EARTH STATION PARAMETERS

TYPE OF EARTH STATION: Indicate applicable service type(s):

Fixed Earth Station ☐ ☐ GMPCS ☐ ☐ HAPS ☐ ☐

Earth Station in Motion: GSO ☐ NGSO ☐ On Board Ships ☐ On Board Aircraft ☐

On Board Land Mobile Vehicles ☐ Other (Please Specify): ________________________________

Brand/Manufacturer: ________________________________

Frequency Band of Operation:

C-Band ☐ ☐ Ku-Band ☐

L-Band ☐ ☐ Ka-Band ☐

Others (Please Specify): ________________________________

Hours of Operation: From: ___________ To: ___________
Earth Station Facility Type:

Transmit only ☐ Receive only ☐
Transmit/Receive ☐

(Transmitter) Not Applicable to TVRO Stations

(Transmitter) Not Applicable to TVRO Stations: Here you are to provide information regarding the proposed transmitter:

Transmit (Tx) Center Frequency: __________ MHz
Polarization: ______________________________
Bandwidth: ______________________________ 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): __________________________________________

Receiver

Provide information regarding the proposed Receiver:

Receiver (Rx) Center Frequency: __________ MHz
Polarization: ______________________________
Bandwidth of Receive Signal: ______________________________ MHz
Minimum Elevation Angle (Degree above Horizon): __________________________________________
Height of Antenna above mean ground level (Meters): __________________________________________

Antenna

Provide information regarding the proposed Antenna.

Antenna Manufacturer: ______________________________________________________________
Antenna Model: ______________________________________________________________
Antenna Diameter: __________ Meters
Antenna Gain: __________ dBi
Azimuth: ____________________________
Total Input Power to Antenna: ____________________________ watts
Off-axis e.i.r.p Limits: □ In accordance with ITU-R. S. 524.9 for GSO □ Others (Please Specify): __________

**Antenna Beamwidth (3dB) (Degree):**
Horizontal: ____________
Vertical: ____________

**Maximum Antenna Height:**
Above Ground Level (AGL): _______________ meters
Above Sea Level (ASL): _______________ meters

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**Locations**

Provide the following information.

**Earth Station Site Name/id:** ____________________________________________________________

**Site Address:** _________________________________________________________________

**Town/ City:** ________________________________________________________________

**Country:** _________________________________________________________________

**Latitude:**
Deg: _______ Mins: _______ Secs: _______ □E or □W In Decimal: _________________

**Longitude:**
Deg: _______ Mins: _______ Secs: _______ □E or □W In Decimal: _________________

**Site Elevation, Above Sea level (ASL):** _______________ Meters

**Name of Space Satellite:** _______________________________________________________

**Orbital Position:**

□ Degree E: _______________

□ Degree W: _______________
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: __________________