

PAKISTAN TELECOMMUNICATION AUTHORITY Headquarters, F-5/1, Islamabad www.pta.gov.pk

RF04 (Dec 02)

APPLICATION FORM FOR BROADCAST STATION

Liconco No	Date		For Official Use Only
Postal Address:			
		Web Site: _	
Contact Person. wii/wis/wiis	(First Name)	(Last N	lame)
Designation	Departmen	t:	
Tel: (with city Code):	Mobile No.		
Fax (with city Code):		Email:	
Purpose: Analog TV	Digital TV	Analog Audio	Digital Audio
Audio only: FM	SW	MW	
Duration of License: 3 months	5 years	10 years	Permanent
			Private
			· ·····
a. Name of Station b. Address of Station d. Date of start Broadcasting c. Coordinates Longitude: Latitude: d. Height of site above mean sea level (e. Type of Location: City Rural f. Call Sign h. Length of Circuit:	Degrees: Degrees: (meters): Hill Space	e. Special sign of Tx: Minutes Minutes: By river Within	Seconds Seconds 16 km of aerodrome
Equipment data:			
	d Manufacturer:		
e. PTA Type approval No. f. Frequency Band Proposed: g. Frequency range of Equipment: h. Bandwidth: i. Designation of Emission: j. Frequency stability (Hz): k. Type of signal code: m. Max power output of equipment (Wan. Average Power (Watts)	Analog	Digital	
	Name of Applicant Organization: Postal Address: Tel. (with city code): Contact Person: Mr/Ms/Mrs Designation Tel: (with city Code): Fax (with city Code): Fax (with city Code): Purpose: Analog TV Audio only: FM Duration of License: 3 months Nature of Service: Public Mode of Operation Broadcast Site Data: a. Name of Station b. Address of Station d. Date of start Broadcasting c. Coordinates Longitude: Latitude: d. Height of site above mean sea level (e. Type of Location: City Rural f. Call Sign h. Length of Circuit: Equipment data: a. Equipment name: c. Equipment ID: e. PTA Type approval No. f. Frequency Band Proposed: g. Frequency range of Equipment: h. Bandwidth: i. Designation of Emission: j. Frequency stability (Hz): k. Type of signal code: m. Max power output of equipment (Wa	Name of Applicant Organization: Postal Address: Tel. (with city code):	Name of Applicant Organization: Postal Address: Tel. (with city code): Contact Person: Mr/Ms/Mrs Designation

	p. Precision offset:	Precise	N	ot Precise			
	q. Frequency offset:	20m	8m	0m	8P	20P	
	r. TV Color System (PAL	_, SECAM, NTS	C):				
	s. Vision to sound power	er ratio:					
	t. TV System (G; L; I; B)):					
	u. Radiated power expr	essed in dBW ir	one of the follo	owing:			
	 Equivalent isotropic 	ally radiated pov	wer (RR 155):	-			
	 Effective radiated per 	ower (RR 156):					
	 Effective monopole 	radiated power	(RR 157):				
	v. Type of Modulation			-			
	• •		sion, Time Div	ision, Cosinus Division)		_	
	x. Transfer Rate (Mbits	/s)			(15)40		
	z. Bit Error Rate	-			ed power (dBW):	-	
	ab. Horizontal Power:						
	ad. Power at antenna in af. Max power of equipr	•		_ ae. Peak Envelope Po	ower.		
	ag. Tx Frequency:	neni output (vv)	•	ah. Ref Frequency:			
	aj. Sound carrier 1:	-	MHz	ak. Sound carrier 2:		MHz	
	•	-					
	al. Frequency (Picture)			_ am. Channel No			
	an. Transmission	Mono	Stereo	ao. Working Schedul	e (PST):		
9.	a. Date of IFRB Notificat	tion		b. No. of IFRB Identific	ation:		
	c. IFIC No.			d. IFIC Reference No.			
10.	Antenna Data:						
	a. Antenna name:						
	b. Antenna type:						
	c. Antenna type Ap	proval No.					
	d. Manufacturer:						
	e. Antenna Gain						
	f. Polarization g. Polarization angle:						
	h. Antenna height above ground level (m)						
	•	j. Azimuth of max radiation: k. Elevation angle of antenna:					
	I. Feeding loss (Anti						
	m. Eff. Ant. Height						
	n. Antenna Pattern	ı:	PLEASE ATTA	CH THE AZIMUTH/ELE	VATION CO.POL	ARIZATION AND	
				POLARIZATION CHART			
11.	Supplementary Informat	ion (if any):					
						_	
			DECLA	RATION			
de	eclare that informatio	n provided i	n this applic	cation and accomp	anying docum	ents is true and	
corr	ect in every detail. I u	ndertake to c	bserve the o	conditions of the lice	ense, and here	by certify that the	
	ipment herein describ						
- 1	,			•			
				Date:			

Office Seal

GUIDELINES

The following documents must be submitted for each station:

S. No.	Required Documents	Quantity
1.	Covering letter of company	01 Copy
2.	Duly completed Application Form	12 Copies
3.	Complete Technical Literature of the equipment	12 Copies
4.	Site Plan	12 Copies
5.	Sites Coordinates duly verified by the Survey of Pakistan	12 Copies
6.	Organizational structure of the company	12 Copies
7.	Name, Addresses and NIC copies of the staff	12 Copies
8.	Undertaking from the applicant that "No Secrecy Device will be used on the communication system" on letter head bearing company's monogram/ Authorized Stamp in original.	1Copy

- This application form shall be used for obtaining changes in any of the major features
 of the previously licensed installations. The major features include change of site, in
 already allocated frequencies, change of operating hours, change of equipment,
 change of type of emission.
- The complete application should be accompanied with a Bank draft of in favour of PTA to be calculated as follows:

o Application Processing Fee Rs. 500/-

o Equipment Registration Fee Rs. 100/- per equipment