



GIBRALTAR REGULATORY
AUTHORITY

Application Form

Radio Paging Licence

APPLICANT DETAILS

Name of organisation

Type of business

Contact Name

Title

Forenames

Surname

Address

Tel:

Fax:

E-Mail:

BASE STATION DETAILS

Station Address

Tel:

Equipment

Make

Model

Serial No.

Maximum Radiated Power

(watts) or

(dBW)

Aerial height above ground

(metres)

Frequency Band *(please tick one box only)*

HF

VHF

UHF

Maximum Radiated Power

(watts) or

(dBW)

Type of system being installed *(please tick one box only)*

One-way System

Local Communications two-way system

Induction Communication (with Return Speech)

LICENCE PERIOD**Commencement Date****Expiry Date**

DECLARATION

I certify that the information I have given is correct to the best of my knowledge.

Signed**Date**

Name**Position held**

NB This application must be signed by the prospective licensee; no other signatory, even if acting on the applicant's behalf, can be accepted.

Please return the completed form to:

**Gibraltar Regulatory Authority
2nd Floor, Eurotowers 4
1 Europort Road
Gibraltar**

Fax: +350 20072166

email: licensing@gra.gi