

Test Licence Application Form

The Grant of Right of Use of Spectrum for Test and Trial Purposes

Malta Communications Authority

Valletta Waterfront, Pinto Wharf, Valletta FRN1913, Malta, Europe

Telephone: +356 21 336 840

Facsimile: +356 21 336 846

Web: <http://www.mca.org.mt>

Notes for Applicants

1. This form outlines the information required to apply for a Test spectrum licence. In certain cases, the Malta Communications Authority (hereinafter the "Authority") may seek further information or clarification from the applicant.
2. Applications for a Test licence should be sent to the:
Malta Communications Authority
Pinto Wharf
Valletta Waterfront
Valletta. FRN1913
Malta
3. The application form cannot be processed by the Authority unless all relevant sections of the application forms are completed.
4. The radio equipment to be described in this application shall comply with the requirements of the radio Equipment and Telecommunications Terminal Equipment and the Mutual Recognition of their Conformity Regulations (LN 374 of 2002) (hereinafter referred to as the "Regulations"). Therefore, the Authority may request the applicant to submit further information and documentation to show compliance with these Regulations.
5. The Authority shall act according to the Data Protection Act (Cap 440 of the Laws of Malta) in making use of any personal information that may be provided.
6. The full licence fee must be submitted with the application. Payments may be effected by cash/cheque.
7. The spectrum fee for a Test Licence is €100 for a period of 12 months.
8. A copy of the most recent Memorandum and Articles of Association and a copy of the Certificate of Registration need to accompany the application.
9. Any false statement, misrepresentation or concealment of material fact on this form or on any other document presented in support of this application may be grounds for criminal prosecution.

Section 1: Contact Details

Full Name of the entity in whose name the Licence is sought	
Trading Name (if different from above)	
Registered Address	
Company Registration Number (if any)	
Contact Name	
Position held in applicant entity	
ID card Number of Passport Number	
Phone Numbers (Fixed and Mobile)	
Fax Number	
E-mail Address	
Address to which the Licence/correspondence is to be sent (if different from the address given above)	

Section 2: Test Details

Description of the Test	
Objective of the Test	
Partner(s) in the Test	
Number of participants in the Test	
Proposed Start/Finish dates of the Test	
Time at which the Test will take place (eg. Business hours, all day, etc)	
Location(s) where the equipment for the Test will be installed	
Number of transmit sites in the Test	

Description of the equipment to be used in the Test

Equipment Type	Manufacturer and Model	Description of Antenna¹	Antenna Type and Gain

¹ Applicable only to external antennas

Section 3: Site Details

Please complete this section in respect of each transmit site in the Test

Site Name	
Site Address	Geographical Co-ordinates:
Proposed Transmit Frequency or Frequency Range	
Proposed Signal Bandwidth	
Channel Spacing (in kHz)	
Duplex Spacing (in MHz)	
Type of modulation	
Transmitter Power to be delivered to the Antenna (in dBW)	Minimum: Maximum:
Antenna Gain (in dB)	
Effective Radiated Power transmitted from the antenna (in dB)	
Antenna Height above ground level (in metres)	
Is the Antenna directional? (please tick)	<input type="radio"/> Yes <input type="radio"/> No

<p>What is the polarity of the Antenna? (please tick)</p>	<ul style="list-style-type: none"> <input type="radio"/> Horizontal <input type="radio"/> Vertical <input type="radio"/> Circular
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Section 4: Other Details

Details of third parties involved in the Test (if any)

Company Name	
Company Address	
Nature of involvement in the test	

Company Name	
Company Address	
Nature of involvement in the test	

Any other relevant information to this application (eg. Specific conditions necessary for the test, etc.)

Section 5: Declaration

I / We hereby declare that:

- [The licensee] shall, at all times, comply in every respect with the conditions attached to the Licence.
- [The licensee] shall, at all times, comply with lawful decisions and directives of the Authority and with the obligations at law.
- The information provided is accurate and complete in all respects.

Date of application:

Full name
(*in capital letters*):

On behalf of
(*if applicable*):

Signature: