



### Suruhanjaya Komunikasi dan Multimedia Malaysia

Malaysian Communications and Multimedia Commission

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#### APPLICATION FOR APPARATUS ASSIGNMENT (S) (BROADCASTING SERVICE)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):			
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Callsign: <input type="text"/>

Application Fee <b>RM60</b> per application
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To be used when applying for all broadcasting service apparatus assignment (s)

<b>1. CLIENT INFORMATION</b>						
Organisation name:	<input type="text"/>					
Applicant name:	<input type="text"/>					
Business / Residential address:	<input type="text"/>					
Town / State:	<input type="text"/>			Postal code:	<input type="text"/>	
Billing address: (if different from above)	<input type="text"/>			Postal code:	<input type="text"/>	
Telephone (office/home):	<input type="text"/>	Fax:	<input type="text"/>	E-mail:	<input type="text"/>	
Contact person:	<input type="text"/>			Company / Business reg. no.:	<input type="text"/>	
Nature of business:	<input type="text"/>			NRIC no.:	<input type="text"/>	
<b>2. APPLICATION INFORMATION</b>						
Proposed use of system / System description:	<input type="text"/>					
<b>3. GEOGRAPHIC AREA INFORMATION</b>						
Location name:	<input type="text"/>					
Site address:	<input type="text"/>					
Town / State:	<input type="text"/>			Postal code:	<input type="text"/>	
Apparatus name:	<input type="text"/>					
Latitude (°N):	__° __' __" N __° __' __" S		Longitude (°E):	__° __' __" E __° __' __" W		
Ground elevation: (metres above mean sea level)	<input type="text"/>					
Structure height (m):	<input type="text"/>					
Building height (m):	<input type="text"/>					
Transportable:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operation (km):	<input type="text"/>		
<b>4. FREQUENCY INFORMATION</b>						
Desired transmit frequency (MHz):	<input type="text"/>		Desired receive frequency (MHz):	<input type="text"/>		
Bandwidth (MHz):	<input type="text"/>		Emission:	<input type="text"/>		
<b>5. COVERAGE INFORMATION</b>						
Center of coverage area:	Latitude (°N):	__° __' __" N __° __' __" S		Longitude (°E):	__° __' __" E __° __' __" W	
Radius (km):	<input type="text"/>					
<i>Note: Please attach coverage area map.</i>						

**6. ANTENNA INFORMATION**

Manufacturer and model:			
Antenna gain (dB):		Polarization (vertical, horizontal etc):	
Azimuth of main beam (0°-omni, 360°- directional north):			
Elevation angle (°):		Height above ground (m):	
Antenna displacement (m): <i>For antenna farm only</i>		Latitude (°N):	__°__'__" + Longitude (°E):

**7. APPARATUS INFORMATION**

Manufacturer (Transmitter):		Model (Transmitter) / Serial no.:	
Manufacturer (Receiver):		Model (Receiver) / Serial no.:	
Transmitter power (watts):		Type approval no.:	
Transmission line length (m)		Line type (RG8, RG213 etc):	

**8. FILTER INFORMATION**

Manufacturer/Model:			
Insertion loss (dB):		Tuned frequency (MHz):	
Manufacturer/Model:			
Insertion loss (dB):		Tuned frequency (MHz):	

*Note: If necessary, please attach Technical Specifications & Brochure for items 6 (antenna pattern), 7 and 8 together with the form.*

**9. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

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**10. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date:	Date assignment is issued OR Date required _____ (Please state the date)
Period (from 3 months to 5 years):	

**11. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF ENERGY, WATER AND COMMUNICATIONS.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business / Company chop:			

**FOR SKMM USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	
Spectrum Plan checked:	

## INSTRUCTIONS ON COMPLETING THE FORM

### 1. INTENT

- 1.1 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) BROADCASTING SERVICE FORM.
- 1.2 The BROADCASTING SERVICE FORM is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of Broadcasting service apparatus:-
  - 1) *Broadcasting Repeater Station*
  - 2) *Broadcasting Transmitter Station*
- 1.3 Please complete one BROADCASTING SERVICE FORM per station. A station is defined as being one or more transmitters, receivers, or a combination of both belonging to a single application at a location identified by one set of geographical coordinates.
- 1.4 Application Fee is **RM 60.00** per application.
- 1.5 Please submit the annual fee associated with the services of which you are applying along with the application. Assignments will not be issued until full payments of all appropriate fees have been received.
- 1.6 Cheques, postal orders or money orders should be made payable to the “ **Suruhanjaya Komunikasi dan Multimedia Malaysia** ” or by online payment through SKMM’s website at [www.skmm.gov.my](http://www.skmm.gov.my).
- 1.7 Print clearly . illegible, unclear or incomplete application forms may delay processing.

### 2. PROCEDURES

Each application contains 11 sections which can be selected according to the services.

<i>Section 1</i>	<i>for client information</i>
<i>Section 2</i>	<i>for application information</i>
<i>Section 3</i>	<i>for geographical Area information</i>
<i>Section 4</i>	<i>for frequency information</i>
<i>Section 5</i>	<i>for coverage &amp; link information</i>
<i>Section 6</i>	<i>for antenna information</i>
<i>Section 7</i>	<i>for apparatus information</i>
<i>Section 8</i>	<i>for filter information</i>
<i>Section 9</i>	<i>for comments and remarks</i>
<i>Section 10</i>	<i>for validity date and period</i>
<i>Section 11</i>	<i>for the applicant’s certification &amp; signature</i>

#### 2.1 New Apparatus

If the application is for a new station, i.e. the applicant does not already have licensed transmitters or repeaters at the location, please indicate this by checking the %New apparatus+ box. NOTE: If the client has existing license(s) / assignment(s), then the client ID number field should be completed to assist SKMM staff in locating the applicant’s information.

#### 2.2 Change to Existing Apparatus Assignment

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the %Existing apparatus+ box, entering the client ID number, the assignment number, and the callsign, found on the existing license/assignment, in the appropriate fields on the form.

#### 2.3 Client Information

This section requests particular information on the applicant (individual, business or company).

##### 2.3.1 Addresses

Please indicate your Business / Residential address for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.

### 2.3.2 Contact

This section informs SKMM now on how and who to contact for more information on the application to avoid any delay.

### 2.4 Application Information

This section requests information on the proposed use of the apparatus or system and a brief description of the actual system. If more space is required, please provide attachment.

### 2.5 Geographic Area Information

The information requested in this section pertains to the physical characteristics of the location of the apparatus.

### 2.6 Frequency Information

Please enter the frequency on which communications are desired.

#### 2.6.1 Bandwidth and Emission

Please complete the necessary bandwidth and emission of the transmitter equipment. This data may not be readily available, in which case the applicant should contact its supplier.

### 2.7 Coverage Information

This section requests the applicant to complete the appropriate fields depending on the type of system for which the applicant is applying, e.g. Broadcasting station communicating with another Broadcasting station. Broadcasting station communicating with mobile stations, etc. All fields should be completed if the system is a combination of the broadcasting and mobile stations. Please attach the Antenna Radiation Pattern or Coverage map of the system.

### 2.8 Antenna Information

Please provide information on the make, model of the antenna as well as the technical characteristics such as the gain (referenced to a half-wave dipole or quarter-wave whip), polarization employed (vertical, horizontal, etc.), the direction from true north of the main beam (north=360, east=90, south=180, west=270, etc) if the antenna is directional, the elevation angle (level=0), and the height of the antenna above the ground.

### 2.9 Apparatus Information

Please provide information on the make, model and serial number of the transmitter, repeater, or transceiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment.

### 2.10 Filter Information

This section is to be completed only when the applicant is planning to install any ancillary devices such as band-pass filters, band-pass/band reject duplexers, isolators, multi-couplers, etc. in the transmission line between the transmitter/receiver and the antenna. Please provide information on the make, model, insertion loss, and the frequency to which the device is to be tuned. The field for the tuned frequency may be left blank. A diagram showing the system layout from the transmitter/receiver to the input of the antenna should be included with the application to assist SKMM in determining the system configuration. Please attach technical specifications and brochure of the equipment.

### 2.11 Comments / Remarks

Please provide details of existing license/assignment under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist SKMM in processing the application in an efficient manner. If required, please provide attachments.

### 2.12 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated. The name and I.C. number of the signatory should be PRINTED clearly where indicated, and the business or company chop should be placed at the bottom of the page.