



Suruhanjaya Komunikasi dan Multimedia Malaysia
 Malaysian Communications and Multimedia Commission
 Off Persiaran Multimedia
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**APPLICATION FOR APPARATUS ASSIGNMENT (S)
 (SPACE 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:

Application Fee
RM60
 per application

To be used when applying for space service apparatus assignment(s) including amateur satellite, broadcasting satellite, fixed satellite and space apparatus.

1. CLIENT INFORMATION							
Organisation name:							
Applicant name:							
Business / Residential address:							
Town / State:				Postal code:			
Billing address: (if different from above)				Postal code:			
Telephone (office/home):		Fax:		E-mail:			
Contact person:				Company / Business reg. no.:			
Nature of business:				NRIC no.:			
2. APPLICATION INFORMATION							
Proposed use of system / System description:							
3. GEOGRAPHIC AREA INFORMATION							
Name of space station:		Orbital position : (°E / °W)					
Date of bringing to use:		Class of station:					
Nature of service:		No. of satellites:					
Period of validity (year):		No. of orbital planes:					
Assoc. earth station name:		Type of earth station:					
Polarization type:		Polarization angle (°):					
Noise temperature (°K):		Max. power:					
Apogee (km):		Perigee (km):		Pilot weight (kg):			
4. FREQUENCY INFORMATION							
Assigned frequency : (GHz)							

5. FREQUENCY INFORMATION

Design of emission	Max. peak power	Max. power density	Min. peak power	Min. power density	C/N ratio

Note: If necessary, please attach additional information together with this form.

6. EQUIPMENT INFORMATION

Manufacturer/Model/Serial no./Approval no.:	Power:	Use:

Note: If necessary, please attach additional information together with this form.

7. 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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8. 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):	

9. 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) SPACE SERVICE Application Form.
- 1.2 The SPACE SERVICE Apparatus Assignment Form is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of space service apparatus :-
 - 1) *Amateur Satellite Station*
 - 2) *Broadcasting Satellite Station*
 - 3) *Fixed Satellite Station*
 - 4) *Space Station*
- 1.3 Please complete one SPACE SERVICE Application Form per apparatus.
- 1.4 Application Fee is **RM60.00** per application.
- 1.5 Please submit the annual fee associated with the services for you are applying along with the application. Assignments will not be issued until full payment 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 website at www.skmm.gov.my.
- 1.7 Print clearly . illegible, unclear or incomplete application forms may delay processing.

2. PROCEDURES

Each application contains 9 sections:-

- Section 1 for client information
- Section 2 for application information
- Section 3 for apparatus information
- Section 4 &5 for frequency information
- Section 6 for equipment information
- Section 7 for comments and remarks
- Section 8 for validity date and period
- Section 9 for certification & signature

2.1 New Apparatus

If the application is for a new station, i.e. the applicant does not already have any licensed transmitters or receivers at the location, then the applicant should 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 applicant's information.

2.2 Change to Existing Apparatus Assignment

Please indicate if the application is for 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 which 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 on how and who to contact for more information on the application to avoid any delay.

2.4 Application Information

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

2.5 Apparatus 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 assigned frequency, design of emission, maximum peak power, maximum power density, minimum peak power, minimum power density and C/N ratio. Please attach additional information regarding frequency information, if necessary.

2.7 Equipment Information

Please provide information on the make, model and serial number of the transmitter, receiver 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.

2.8 Comments / Remarks

Please provide details existing license/assignment(s) 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.

2.9 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.