



Suruhanjaya Komunikasi dan Multimedia Malaysia
Malaysian Communications and Multimedia Commission
 Off Persiaran Multimedia
 63000 Cyberjaya, Selangor Darul Ehsan
 Tel: 6 03-86888000 Fax: 6 03-86881001 <http://www.skmm.gov.my>

**APPLICATION FOR APPARATUS ASSIGNMENT (S)
(RADIODETERMINATION 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 all radiodetermination service apparatus assignment (s)

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:					
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3. GEOGRAPHIC AREA INFORMATION (Only applicable to radiolocation station, radionavigation station and radiodetermination station)

Location name:					
Site address:					
Town / State:		Postal code:			
Apparatus name:		Ground elevation: (metres above mean sea level)			
Number of mobiles / hand-carried portables:		Hand-carried portable (Y/N):			
Geographic area of operations:		Coverage radius (km):			
Centre of area of operations Latitude (°N):	__° __' __"	Longitude (°E):	__° __' __"		
Structure height (m):		Building height (m):			

4. FREQUENCY INFORMATION

Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Bandwidth (MHz):		Emission:	

5. APPARATUS INFORMATION

Manufacturer (Transmitter):		Model (Transmitter) / Serial no.:	
Manufacturer (Receiver):		Model (Receiver) / Serial no.:	
Transmitter power (watts):		Type approval no.:	

Note: If necessary, please attach Technical Specifications & Brochure with the form.

6. 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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7. 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):	

8. 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 CMC USE ONLY

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