

CUSTOMER INFORMATION

1. Customer / Company Name :	
2. Customer Type (Choose one)	
<input type="checkbox"/> Company <input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Person <input type="checkbox"/> Other (Please specify) _____	
3. Company Registration Number or TIN number:	
4. License Number (For existing licensee):	
5. Customer / Company address:	
<ul style="list-style-type: none"> - Country: - District: - Sector: 	<ul style="list-style-type: none"> - Telephone: - Mobile: - Fax: - P.O. Box: - E-mail:
6. Contact Person	
<ul style="list-style-type: none"> - Name of Contact Person: - Relation to customer/ Company: - Telephone Number: - E-mail of Contact Person: 	

STL SITE DETAILS

1. Site type: Fixed Studio to Transmitter Link

2. Site Location and contact person at the site

Site A : (Studio location – District & Sector):

Site B : (Transmitter location – District & Sector):

Site A	0	'	" E
Coordinates	0	'	" S
Site B	0	'	" E
Coordinates	0	'	" S

Name of contact person at the site:

Phone number of contact person at the site:

E-mail of contact person at the site:

3. Type of equipment

- STL for FM
 STL for TV
 Other (Specify) _____

4. Equipment Technical Information

Equipment Make/ Model:

Maximum Power:

Frequency Range:

Occupied Bandwidth:

5. Antenna Technical Information

Antenna Type:

Antenna make/Model:

Antenna gain:

Antenna Height above ground (m):

Antenna directivity (D or ND):

Antenna Polarization (V or H):

6. Signal Details (* For TV Only)

Signal Standard:

Other signal details: