

**APPLICATION FORM FOR BROADCASTING SERVICE LICENSE**

**Section I : General Information**

Name of applicant:			
P.O Box:			
Country/ Province: .....	District: .....	Sector: .....	Cell: .....
Telephone number:		E-mail address:	
<p><b>Type of Broadcasting service:</b></p> <p><input type="checkbox"/> Free To Air Television</p> <p><input type="checkbox"/> Subscription Satellite Television</p> <p><input type="checkbox"/> FM Radio</p> <p><input type="checkbox"/> IPTV</p> <p><input type="checkbox"/> Any other Service (Describe)</p>			

**Section II : Contact person information**

Name of Contact Person:			
E-mail address:		Telephone number:	
Province:	District:	Sector:	Cell:

**Section III : Content information (where applicable)**

Source of the Contents: [Locally Produced/ Imported (in percentage)]	If imported please specify: (BBC, M-NET, CNN, etc)
Type of Programmes: (Commercial Advertising, Cultural, Sports, Political, Religious, Entertainment etc)	Time and Hours of Operation per Day:
Expected Date of Commencement of Operations (DD / MM / YYYY)	

**Section IV: Are there other foreign licenses held by the applicant pertaining to the broadcasting services (No, Yes):**

If yes, specify


<b>Section V: Location of Studio</b> (Add coordinates if available)				
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		0	'	" S
Province	District	Sector		Cell

**Section VI: ITU recommendations to be followed**

1. Video signals are encoded according to the Recommendation **ITU-R BT.601** "Studio encoding parameters of digital television for standard 4:3 and wide-screen 16:9 aspect ratios".
2. The design, construction and operation of digital equipment must take into consideration the need to eliminate harmful interference, as a high priority, according to the recommendation **ITU-R BT.803** "The avoidance of interference generated by digital television studio equipment".

**Section VII: Declaration**

I hereby certify that information provided in this application form is true in all aspects.

Names:	Telephone number:
E-mail address:	
Signature and Official stamp	Date:

**Note:** Please fill the form carefully and submit to:

**Director General**

**Rwanda Utilities Regulatory Authority (RURA)**

**P.O.Box:** 7289 Kigali-Rwanda

**Phone:** (+250)252 58 45 62

**Hotline:** (+250)3988

**Fax:** (+250)252 58 45 63

**Email:** [dgoffice@rura.rw](mailto:dgoffice@rura.rw)

[info@rura.rw](mailto:info@rura.rw)