Form 1

GUYANA NATIONAL BROADCASTING AUTHORITY

APPLICATION FOR BROADCASTING SERVICE LICENCE

Pursuant to the Broadcasting Act 2011

Application Number: _____

For Official Purposes only

DATE OF APPLICATION

_____

(YYYY – MM – DD)

Section I – TYPE AND CLASS OF BROADCASTING SERVICE AND OWNERSHIP

Type of Application (check one) ☐ Radio (Sound) ☐ Television

Classification (check one) ☐ Commercial ☐ Non-Commercial ☐ Community

Method of Broadcasting[1] ☐Over the Air[2] ☐Cable ☐ Satellite (DTH) ☐ Other ……..

(check all that apply) *please state*

[2]***If Over the Air*** ***(check all that apply)*** ☐ Free to Air ☐ Subscription

[1]*All methods of Broadcasting, which utilize the radio frequency spectrum, require a valid licence (for such radio frequency spectrum use) from the National Frequency Management Unit or its successor, in addition to a Broadcasting Licence, in order to offer a Broadcasting Service.*

Type of Entity (check one) ☐ Trust ☐ Company

Name of Trust / Company _____

Trust / Company Deed # _____

Broadcasting Brand Name _____

Attach document establishing rights to the brand name

Mailing Address _____ **Tel. #**_____

_____**Fax. #**_____

Email Address _____

Contact Person _____

Section II – APPLICATION FILING

Application Filing (check one) ☐ New ☐ Variation[3] ☐ Amendment[3] ☐ Continuation

[3]***Reason for Variation / Amendment*** _____

Section III – ZONE / COVERAGE

Zone within which broadcasting service is to be provided (select all that apply)

Primary	☐ Primary	Municipality of Georgetown; Region 3 up to the Essequibo River; all of Region 4 and Region 5 east of Region 4 to the Abary River.
Secondary	☐ Zone 1	All of Region 1, all of Region 2, and the Essequibo Islands being part of Region 3
	☐ Zone 2	All of Bartica
	☐ Zone 3	All of Region 6 including New Amsterdam and part of Region 5 west of New Amsterdam to the Abary River
	☐ Zone 4	All of Region 10 including Linden and that section of the Berbice River which falls within Region 10
Tertiary	☐ Zone 1	All of Region 9 including Lethem
	☐ Zone 2	All of Region 8 including Mahdia
	☐ Zone 3	Region 7 not including Bartica

Section IV – TECHNICAL DATA

1. Preferred Frequency / Channel

		Frequency (MHz)	***Link Frequency (MHz)***
Primary	☐ Primary	_____	State Frequency / Channel or other Technology to be used for linking studio and primary transmitter or linking transmitters between two or more zones.
Secondary	☐ Zone 1	_____	
	☐ Zone 2	_____	_____
	☐ Zone 3	_____	_____
	☐ Zone 4	_____	_____
Tertiary	☐ Zone 1	_____	_____
	☐ Zone 2	_____	_____
	☐ Zone 3	_____	_____

2. Antenna Description[4]

Zone	Make	Model number	Number of sections	Gain (dBi)	Coordinates (Longitude/Latitude)

4 - You are required to provide an attached copy of the radiation pattern of the proposed antenna. If the antenna utilizes beam tilt, null fill, reduced spacing (less than one wave length) between bays or the antenna is directional or specialized, an exhibit must be attached.

Exhibit No.

Antenna Specifications	*Zone*			
Polarization				
Effective Isotropic Radiated Power ((dBm)				
Beam tilt effective radiated power (dBm):				
Azimuth (deg.):				
Horizontal ERP (W)				
Vertical ERP (W)				
Radiation center above ground level (m)				
Radiation center above mean sea level (m)				
Elevation (deg)				
Beamwidth_E (deg)				
Beamwidth_H (deg)				

3. Details of Mast / Tower where Antennae are mounted

Mast / Tower Details	*Zone*			
Type (state whether self-supporting or guyed tower)				
New Tower[5] or Existing				
[5]If new, List Agencies granting permission(permission certificates must be attached)				
Height of Tower (m)				
Location of Mast / Tower				
Latitude				
Longitude				

If more space is needed, please attach exhibit

Exhibit No.

4. Transmission Line Description

(a) Transmission Line(s):

Zone	Make	Model Number	Length in meters (m)	Total losses (dB)	Efficiency (%)

If more space is needed, please attach exhibit

Exhibit No.

(b) Additional losses (Filters, Multiplexers, etc.) in transmission line system:

Zone	Description	Loses in dB	Efficiency (%)

If more space is needed, please attach exhibit.

Exhibit No.

(c) Total loss in transmitter line: _____

5. Transmitter Specifications

TV Equipment Data	Fixed Station
Make	
Model No.	
Power at flange (W)	
System Compliance Standard (NTSC/M, PAL, SECAM)	
Frequency stability (Normal, Precision, Relaxed)	
Audio Carrier Power (ERP)	
Video Carrier Power (ERP)	
Audio Carrier Frequency	
Video Carrier Frequency	
Sound Offset (kHz)	
Vision Offset (kHz)	
Vision/Sound Power Ratio (dB)	
Nominal width of main side band (MHz)	
Width of vestigial side band (MHz)	
Carrier noise level	

Radio(Sound) Equipment Data	Fixed Station
Make	
Model No.	
Power at flange (W)	
Carrier Frequency	
Carrier Noise Level	
Offset Frequency	
Audio Input Impedance	
Audio Frequency Response	
Frequency Stability	
Audio Distortion	
Output Impedance	
Frequency Separation	
Spurious and Harmonics	
Modulation Type	
Modulation (%)	

TV Equipment Data	Fixed Station
Type and polarity of sound modulation	
Type and polarity of Vision modulation	
Audio frequency deviation	
Modulation (%)	
Input impedance	

Radio(Sound) Equipment Data	Fixed Station
Maximum Frequency Deviation	

Location of Transmitter

Address where Transmitter is located (Main)

……
……
……
……

Coordinates where Transmitter is located (Main)

……- Latitude

……- Longitude

Address where Transmitter is located (Auxiliary)

……
……
……
……

Coordinates where Transmitter is located (Aux)

……- Latitude

……- Longitude

Address where Transmitter is located (Link)

……
……
……
……

Coordinates where Transmitter is located (Translator)

……- Latitude

……- Longitude

Geographic area – you are required to provide an Exhibit of a map showing the expected coverage area of the proposed station.

Exhibit No.

Section V – TECHNICAL RESPONSIBILITY

(a) Planning of the Station
Name……
Address……
……..
……..
Phone # ……
Nationality……

Technical Qualifications:
……...
……
……

(b) Maintenance of the Station
Name……..
Address……..
……..
……..
Phone # ……..……....
Nationality…….……...

Technical Qualifications:
……..
……..
……..

Applicant's Signature

……..

Date ……..

Technical Representative's Signature

……

Date …….

Signature of Person filling out the Form, if different from Applicant:

……

Date: ……

Section VI – DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare that I am duly authorized to sign this application and that the information provided herein is true and correct to the best of my knowledge, information and belief.

Name: _____

Designation: _____

Signature: _____

Date: _____

Please attach a power of attorney or board resolution that authorizes you to sign and submit this application.