bipt

Belgian Institute for Postal services and Telecommunications

Application form for an authorisation for the use of private radio stations

1. Authorisation

1.1 New application

- Use : ○ permanent

○ temporary (< 1 year)

from _____ to _____ (dd/mm/yy)

- Your authorisation application is made on behalf of a : ○ legalperson ○ natural person

1.2 Modifications: see page 2, point 7.

2. Authorisation on behalf of a legal person

2.1 Name of the company: _____

2.2 Company number: _____ **(mandatory)**

2.3 VAT number: BE _____

2.4 Modification: ☐

3. Authorisation on behalf of a natural person

3.1 First name: _____ Name: _____ **(in capitals)**

3.2 National register number: _____ or BIS number: _____ **(mandatory)**

4. Address of the registered office (legal person) – home address (natural person)

Only companies with their registered office abroad must fill in all the fields below.
The telephone number and generic e-mail address fields must always be completed.

4.1 Street: _____ Number: _____ Box : _____

4.2 Postal code: _____ Municipality: _____ Country: _____

4.3 Telephone number: _____ Generic e-mail address: _____

5. Address the authorisation must be sent to

5.1 Contact person: _____ Telephone number: _____

5.2 E- mail address: _____ Department : _____

To fill in only if the address is different from the one in point 4

5.3 Street: _____ Number: _____ Box: _____

5.4 Postal code: _____ Municipality: _____ Country: _____

6. Billing address

6.1 Contact person: Telephone number:

6.2 E-mail address: Departement:

6.3 Internal reference: (e.g. PO number)

6.4 ☐ Yes, I wish to receive an electronic bill at the following e-mail address:

To fill in only if the address is different from the one in point 4

6.5 Street: Number: Box:

6.6 Postal code: Municipality: Country:

7. Modifications

File number::

	Former data	New data
Registered company name:		☐
Name of the company:		☐
Address of the registered office or home address (natural person)		☐
Network administrator, name, address, telephone, e-mail...		
Billing: address, contact person, e-mail...		
Modification e-mail address electronic billing		
Modification of the network composition (power, frequenties, bandwidth)		

TECHNICAL PARAMETERS FOR A BASE, RELAY OR TRANSPORTABLE STATION

Number (1)	Type of station			Place of installation (e.g. ground floor)	Full adress	Geographical coordinates (2)	Brand and type of station	Desired frequency /frequencies or band(s)	Simplex (S) or Duplex (D)	Analogue (A) or digital (D)	Band-width (3)	Channe-ling (4)	Power (in Watt)	Antenna height (in metres) (5)	Antenna type		Installation
	Base	Relay	Transpor-table												Omnidirect. without gain	Other (6)	Indoor (I) or Outdoor (O)

You will find below some information which could be useful to fill in the form:

(1) : Indicate the **total number** of stations with the same characteristics per line.
(2) : Indicate the exact geographical coordinates. If you do not know them, you must attach a map.
(3) : e.g. 25 KHz - 12.5 KHz - 6.25 KHz
(4) : e.g. 4K00, 7K60, 11K0...
(5) : Height above ground level.
(6) : In case of use of a directional antenna, the characteristics must be indicated in a separate annex.

* additional information on the technical data on the last page

Write below any additional information regarding your radio communications network

TECHNICAL PARAMETERS OF THE PORTABLE/MOBILE STATIONS

Number (1)	Portable station (X)	Mobile station (X)	Name of the place of use	Address of the centre of the place of use	Geographical coordinates (2)	Brand and type (portable) or type Vehicle (mob.) (3)	Range < 1 km (X)	Range > 1 km (4)	Desired frequency/ frequencies or frequency band(s)	Analogue (A) of digital (D)	Band-witdth (5)	Channeling (6)	Power (in Watt)	Antenna height mobilel station (7)	Max height of use of a portable station (8)

You will find below some information which could be useful to fill in the form:

(1) : Fill in the **total number** of stations with the same characteristics per line.
(2) : Fill in the exact geographical coordinates. If you do not know them, attach a detailed map.
(3) : Type of vehicle: e.g. truck, taxi...
(4) : Number of km.
(5) : e.g. 25 KHz - 12.5 KHz - 6.25 KHz
(6) : e.g. 4K00, 7K60, 11K0...
(7) : Height above ground level.
(8) : Height above ground level.

* additional information on the technical data on the last page

Write below any additional information regarding your radio communications network

TECHNICAL PARAMETERS OF THE AUDIO STATIONS

Number (1)	Address of the place of use	Geographical coordinates (2)	Brand and type of device	Narrowband system state: IEM or MIC	WMAS system: check	WMAS: number of base stations	WMAS: number of beltpacks	Desired frequency/ frequencies or frequency band(s)	Analogue (A) or digital (D)	Bandwidth (3)	Channeling (4)	Power (in Watt)	Antenna height (5-6)	Installation : Indoor (I) or Outdoor (O)
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You will find below some information which could be useful to fill in the form:

(1) : Fill in the **total number** of stations with the same characteristics per line.
(2) : Fill in the exact geographical coordinates. If you do not know them, attach a detailed map.
(3) : e.g. 25 KHz - 12.5 KHz - 6.25 KHz
(4) : e.g. 50K0- 180K...
(5) : Height above ground level.
(6) : In the event of an application for a directional antenna, a separate annex with the characteristics must be attached.

* additional information on the technical data on the last page

Write below any additional information regarding your radio communications network

TECHNICAL PARAMETERS OF THE VIDEO LINKS

Number (1)	Address of the place of use	Geographical coordinates (2)	Brand and type of device	Range < 1 km (X)	Range > 1 km (3)	Desired frequency/ frequencies or frequency band(s)	Analogue (A) or digital (D)	Bandwidth (3)	Channeling (4)	Power (in Watt)	Antenna height (5-6)	Installation : Indoor (I) or Outdoor (O)

You will find below some information which could be useful to fill in the form:

(1) : Fill in the **total number** of stations with the same characteristics per line.
(2) : Fill in the exact geographical coordinates. If you do not know them, attach a detailed map.
(3) : e.g. 25 KHz - 12.5 KHz - 6.25 KHz
(4) : e.g. 8M00 - 20M0...
(5) : Height above ground level.
(6) : In the event of an application for a directional antenna, a separate annex with the characteristics must be attached.

* additional information on the technical data on the last page

Write below any additional information regarding your radio communications network

Network overview (indicate the transmitters only)

1 Composition

Number of base stations: ☐

Number of relay stations: ☐

Number of transportable stations: ☐

Number of portable stations: ☐

Number of mobile stations: ☐

2 Type of communications:

- ☐ Paging system
- ☐ Voice communication
- ☐ Data communication
- ☐ Remote control or telemetry
- ☐ Audio links
- ☐ Video links
- ☐ Other (please specify): ☐

3 Area of use:

- ○ National
- ○ Regional (please specify) : ☐
- ○ Provincial (please specify : ☐
- ○ Municipal (please specify) : ☐
- ○ Local use (to specify in the technical specifications)
- ○ Aeronautical (please specify): Designed operational coverage (DOC)

Range in NM (Nautical Miles) ☐

Height in feet ☐

4 Annexes : (maps, documentation...) Number: ☐

5 Purpose, need and description of the radio communication network (if necessary, add a separate note).

Please send us a map showing the location of the base and relay stations as well as the area of use of the mobile and portable stations. The map shall have a resolution allowing to determine the location of the base and relay station up to 20 m.

8. Declaration and signature

8.1 **- I hereby declare that this application form is complete and true.**
-I accept that any application for authorisation will give rise to the payment of an administrative fee to cover the costs of reviewing the application.

- If an application for a definitive authorisation is introduced less than 20 working days before the desired start date, the administrative fee shall be doubled.
- If an application for a definitive authorisation is introduced less than 5 working days before the desired start date, the administrative fee shall be increased fivefold.
- If an application for a temporary authorisation is introduced less than 5 working days before the desired start date, the administrative fee shall be doubled.
- If an application for a temporary authorisation is introduced less than 2 working days before the desired start date, the administrative fee shall be increased fivefold.

The date that shall be considered is the date of the postmark for new applications by mail and the date of receipt for new applications by fax or e-mail.

- I accept that any request to modify a file shall give rise to the payment of an amount equal to half the administrative fee.
- I am authorised and/or mandated to sign the authorisation application (if mandated, please add a certificate issued by the owner of the radio communications network).

8.2 **Incomplete or unsigned applications shall not be processed; the BIPT cannot be held responsible for any damaging delays that may occur as a result of this.**

8.3 Name of the signatory:

8.4 Position of the signatory:

8.5 Date: Place:

8.6 Signature:

Warning: if you sign this document electronically, you will not be able to modify it afterwards and you must save it on your computer. You can send it back to us by e-mail together with the annexes.

You may sign this document with a digital signature. A digital identification is required.

You can also print this form, sign it and send it together with the annexes by post or e-mail at the following address: licencesradio@ibpt.be.

Postal address:

Belgian Institute for Postal Services and Telecommunications
Licences Department
Allianz Tower
Boulevard du Roi Albert II 32 Box 10
1000 Brussels

IMPORTANT INFORMATION
Frequencies are always allocated within the framework of an efficient use of the spectrum. The requested characteristics concerning the stations can be supplemented, modified or refused if necessary.

Send to the BIPT