



## 5. Invoice address

Contact person :

Telephone :

Email contact person :

Department :

Intern reference number. :

(e.g. PO number)

Yes, I wish to receive an electronic invoice at the following email address:

### Only to fill in if different of the address in point 4

Street :

Number:

PO :

Postal code :

Place :

Country :

## 6. Modifications

Case number :

Old data

New data

Type of company

Trade name

Address of head office  
or domicile

Responsible of the  
network (name, address,  
telephone, email ...)

Facturation : address,  
contact person, email

Modification email  
electronic invoice

Modification network :  
power, frequency,  
extension, ...

## TECHNICAL PARAMETERS OF BASE STATIONS, RELAY STATIONS OF TRANSPORTABLE STATIONS

Quantity (1)	Aard station			Location of installation (e.g. ground floor...)	Complete address	Coordinates (2)	Brand and type of the radio station	Desired frequency or frequencyband	Simplex (S) or Duplex (D)	Analogue(A) or digital (D)	Band- with (3)	Channel spacing (4)	Power (in Watt)	Antenna- height (in meters) (5)	Antenna type		Configuration Indoor (I) or Outdoor (O)
	Base	Relay	Transportable												Omnidirect. without gain	Other (6)	

Below you will find a number of important guidelines for filling out the form :

Please note below any additional information regarding your radio communication network :

- (1) : fill out per line the number of stations having the same characteristics
- (2) : give the exact coordinates. If these are not known, a map needs to be added.
- (3) : e.g. 4K00, 7K60, 11K0...
- (4) : e.g. 25KHz - 12,5 KHz - 6,25 KHz...
- (5) : height above ground level.
- (6) : Should a directional antenna be desired, its characteristics have to be stated in a separate annex.









## 7. Declaration and signature

**7.1- I am aware that the submission of a request inevitably entails administrative costs related to the examination of the file. -For each request for modification of the file half of the administrative costs shall be charged.**

**- I am authorised and/or competent to sign this request (if authorised: add a declaration of the licence holder)**

**- I declare that this request form has been filled out truthfully.**

**7.2 Incomplete or unsigned request forms shall not be treated. BIPT shall not be held responsible for the possible delay that might result from this.**

7.3 Name of the signer :

7.4 Capacity of the signer :

7.5 Date : Place :

7.6 Signature:

Good to know: Once the form is signed digitally you can no longer modify it and you are obliged to save it to your hard disk. It has to be submitted to BIPT later, accompanied by the annexes.

You can sign this form by means of a digital signature. To this effect you simply need a digital ID.

**If you prefer not to sign it digitally, you can print the form filled out, sign it and send it by mail together with the annexes or scan it, together with the annexes and send it by e-mail to [licencesradio@ibpt.be](mailto:licencesradio@ibpt.be).**

You can also send your request to :

Belgian Institute for postal services and telecommunication  
Radio Licences Service  
Allianz Tower  
Boulevard du Roi Albert II 32 box 10  
1000 BRUSSELS

### **IMPORTANT INFORMATION**

**If an application is submitted less than twenty working days before the desired date of putting into operation, the handling fees are doubled. If an application is submitted less than five working days before the date of putting into operation, the handling fees are quintupled.**

**In case of temporary licences the terms are five and two working days respectively.**

**The date considered is that of the postmark in case of an application by letter or the date of receipt by the Institute in case of an application sent by fax or e-mail.**