



TELECOMMUNICATIONS AUTHORITY OF MALDIVES
MALE' REPUBLIC OF MALDIVES

APPLICATION FORM FOR FREQUENCY ASSIGNMENT

Application information	
Application No:	Proposed Use of System:
Application Date:	
System Description:	

Application information	
Name (Company):	
Contact:	
Address:	
Nationality:	
Identity Card No / Passport No:	
Telephone No:	Fax No:

Station Information	
Station Name:	
Location:	Transmitter
	Receiver
Full Address:	
Transportable (Y/N):	Antenna Information
Radius of Operation (km):	Antenna Height (meters): above ground level
Average Hours of Operation Daily:	Antenna Polarization (Vertical, Horizontal, etc):

Applicant's Signature / Designation

Company's Stamp (if applicable)

Date

Note: Relevant official documents should be submitted with this application

For Office Use		
Assigned Freq:	Code No:	
Assigned By:	Signature:	Date: