



ICTQATAR REGULATORY AUTHORITY
APPLICATION FOR AERONAUTICAL GROUND BASED NAVIGATIONAL AIDS
STATION LICENSE

FORM: SV/02

APPLICANT'S DECLARATION

1.1 I declare that:

- the information provided in this application is complete and correct;
- any equipment and / or radio spectrum licensed as a result of this application will be used in compliance with ictQATAR Laws and Regulations;
- I / we will notify ictQATAR of any changes to the information provided;
- I am authorized to sign this application on behalf of the applicant.

1.2 Name:

1.6 Company stamp (if applicable):

1.3 Position:

1.4 Signature:

1.5 Date:

APPLICANT INFORMATION

2.1 ictQATAR Customer Number:

Please note. If you have an existing customer number and have previously provided the following information you need only complete the Applicant Information sections if your details need to be amended in our records.

2.2 Name / Company / Organisation:

2.3 Nationality / Place of registration:

2.4 Profession:

2.5 PO Box:

2.6 Address:

2.7 Main contact:

2.10 Position:

2.8 Contact email:

2.11 Mobile Tel:

2.9 Office Tel:

2.12 Fax:

INVOICING INFORMATION (IF DIFFERENT FROM ABOVE)

3.1 Name / Company / Organisation:

3.2 PO Box:

3.3 Address:

3.4 Invoicing contact:

3.7 Position:

3.5 Contact email:

3.8 Mobile Tel:

3.6 Office Tel:

3.9 Fax:

APPLICATION TYPE (TICK AS APPROPRIATE)

New application:

Renewal:

Modification:

Cancellation:

APPLICATION SUBMISSION

Please send* completed applications to:

Regulatory Authority – Spectrum Affairs
The Supreme Council of Information & Communication Technology (ictQATAR)
P.O. Box 23264, Al Nassr Tower, Post Office Roundabout, Al Corniche, Doha, Qatar

* by fax, post, courier or hand deliver.

For Spectrum Planning Section:

Date Received:

Approved:

Not Approved:

License Number:

Staff No.

Remarks:

Date Completed:

For Spectrum Management Section:

Date Received:

Approved:

Not Approved:

License Number:

Staff No.

Remarks:

Date Completed:

INSTALLATION / AERODROME LOCATION

1.1 Location:

1.2 Latitude:

1.3 Longitude:

NAVIGATION AIDS EQUIPMENT**Non-directional radio beacon**

2.1 Name/Model

2.2 Antenna height

2.3 Identifier

2.4 Max. range

VHF Omni-directional radio (VOR)

2.5 Name/Model

2.6 Antenna height

2.7 RF Power

2.8 Max. range

VHF Marker beacon

2.9 Name/Model

2.10 Antenna height

2.11 RF Power

2.12 Max. range

Instrument landing system

2.13 Name/Model

2.14 Antenna height

2.15 Runway designator(s)

2.16 Runway heading

2.17 Frequency

2.18 Bandwidth

2.19 RF Power

2.20 Antenna gain

DME Pair

2.21 Name/Model

2.22 Antenna height

2.23 Runway designator(s)

2.24 Runway heading

2.25 Frequency

2.26 Bandwidth

2.27 RF Power

2.28 Antenna gain

Other (please specify)			
2.29 Name/Model		2.30 Antenna height	
2.31 Frequency		2.32 Bandwidth	
2.33 RF Power		2.34 Antenna gain	
ADDITIONAL INFORMATION			

DOCUMENTS TO BE ENCLOSED	
Copy of CR	
Copy of Corporate card	
Network Diagram	
Detailed Technical Specifications	
QCAA Approval/ Authorization	
DOCUMENTS TO BE ENCLOSED (FOR CANCELLATION)	
Copy of receipt of final payment	
Original license	
Copy of the shipment document (Airway bill & packing list) or Declaration that equipment will be written-off under the supervision of ictQATAR staff	