

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 the applicable regulatory framework;
- I / we will notify CRA 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 CRA Customer Number:

Please note. If you have an existing customer number and have previously provided the following information you need only to complete this section 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:

INSTALLATION / AERODROME LOCATION

Location:

Latitude:

Longitude:

NAVIGATION AIDS EQUIPMENT

Non-directional radio beacon

Manufacturer/ Model

Antenna height

RF Power		Frequency Band	
Operational range		Bandwidth	
VHF Omni-directional radio (VOR)			
Manufacturer/ Model		Antenna height	
RF Power		Frequency Band	
Operational range		Bandwidth	
VHF Marker beacon			
Manufacturer/ Model		Antenna height	
RF Power		Frequency Band	
Operational range		Bandwidth	
Instrument landing system			
Manufacturer/ Model		Antenna height	
Runway designator(s)		Runway heading	
Frequency (ies)		Bandwidth	
RF Power		Antenna gain	
DME Pair			
Manufacturer/ Model		Antenna height	
Runway designator(s)		Runway heading	
Frequency (ies)		Bandwidth	
RF Power		Antenna gain	
Other (please specify)			
Manufacturer/ Model		Antenna height	
Frequency (ies)/ Band		Bandwidth	
RF Power		Antenna gain	
Operating Range			
Integrated System <i>(If Navigational Aids equipment form different components of the same system, then this should be illustrated here)</i>			

ADDITIONAL INFORMATION

DOCUMENTS TO BE ENCLOSED

Copy of the CR	Copy of the corporate card
Detailed Technical Specifications	Network Diagram
QCAA approval/authorization	<u>For Cancellation:</u> Copy of the shipment document (Airway bill & packing list) or Declaration that equipment will be written-off under the supervision of CRA staff
Original license (For Cancellation)	Copy of receipt of final payment (For Cancellation)

APPLICATION SUBMISSION

Please send completed applications to (by fax, post, courier or hand deliver):

Spectrum Management Department

Communications Regulatory Authority (CRA)

P.O. Box 23404, Al Nassr Tower, Post Office Roundabout, Al Corniche,

Doha, Qatar

FOR CRA INTERNAL USE

	For Spectrum Planning Section			For Spectrum Licensing Section		
Date Received:						
Approval:	Approved:	Yes	No	Approved:	Yes	No
License Number:						
Remarks:						
Date Completed:						