



**NATIONAL COMMUNICATIONS
AUTHORITY (NCA), GHANA**

**Authorisation for
Radiodetermination Services
NCA FORM AP05B**

Application Fee
Receipt No:

(Please attach Receipt)

Date:

(Submission Date)

Application Checklist. Tick (x) in box

- A completed application form
- Cover Letter
- Any other Supporting Documents - Please tick

Please refer to Section 1.6 for relevant documents

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Type of Application

- New ☐ - In case of new license application, please fill all sections below
- Renew ☐ - In case of Renewal please fill section 1.1
- Modify ☐ - In case of Modifying a license, please fill the license number and the sections to be modified.
- Cancel ☐ - In case of Cancel please fill section 1.1

License Number: _____
(In case of Renewal/Modification/Cancellation of a license)

1.1 Radiodetermination System Parameters

System Category:			
Radionavigation <input type="checkbox"/>	Radiolocation <input type="checkbox"/>	Radio direction-finding <input type="checkbox"/>	Radar <input type="checkbox"/>
Others: <input type="checkbox"/>	Please specify: _____		
Type of System:			
Terrestrial <input type="checkbox"/>	Space Based <input type="checkbox"/>		

Purpose of System: _____

1.2 Frequency Band of Operation (Yes/No):

C – Band: Ka – Band: S – Band:

Ku – Band: L – Band: Other Bands (please specify):

Transmit Frequency Range of Operation: From: _____ MHz To: _____ MHz

Transmit (Tx) Centre Frequency: _____ MHz

Receive Frequency Range of Operation: From: _____ MHz To: _____ MHz

Receive (Rx) Centre Frequency: _____ MHz

Polarization Type: _____

Bandwidth: _____ MHz

1.3 Transmitter Parameters:

Manufacturer: _____

Model: _____

EIRP: _____ dBW

Modulation Type: _____

Sensitivity: _____ dB

Protection Ratio: _____ dB

1.4 Antenna Parameters:

Manufacturer: _____

Model: _____

EIRP: _____ dBW

Azimuth angle: _____

Elevation angle: _____

Altitude (Height): _____ metres

Antenna Gain: _____ dBi

Noise Ratio: _____ dB

Type of scan:

Vertical

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Horizontal

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Omni

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Steerable Antenna: YES _____ NO _____

1.5 Associated Radiodetermination Station (complete multiple times for multiple station sites):

Site Name: _____

Site Code: _____

Site Address: _____

Town/ City: _____ Country: _____

Latitude: Deg: _____ Mins: _____ Secs: _____ (N / S) In Decimal: _____

Longitude: Deg: _____ Mins: _____ Secs: _____ (E / W) In Decimal: _____

Site Elevation, Above Sea level (ASL): _____ Meters

1.6 Attached documents (to be attached by Applicant for non-Governmental entities)	
Document Name	Check if attached
Evidence of the Financial Resource to establish the station (First time applicant only)	
Five (5) years Audited Financials Statement (Renewal only)	
Tax Clearance Certificate (Renewal only)	
SSNIT Clearance Certificate (Renewal only)	
Any Other Relevant Documents	

1.7 Undertaking:

I/We _____ hereby certify that the information supplied in this application form is true in all respects and I/We hereby give undertaking that upon grant of the Licence/Authorisation, I/We shall abide by the terms and conditions upon which the Licence/Authorisation is granted. I/We accept that my/our Licence/Authorisation may be revoked and the appropriate penalty/ penalties applied if it is established that I/We have been granted Licence/Authorisation based on incorrect information. I/We further undertake to abide by all Communications laws of Ghana as well as other rules and regulations that may be issued.

Signed:

Date: