

**Application for Maritime/Ship Station Radio License**

MICT/DoT/FSM/02

# A. APPLICANT/LICENSEE INFORMATION

1. Name: ................................................................................………………………..………….
2. Address: District: .......................…................. Region: …...................City:……………

Physical Location: Road/Street……………..….Building…………………………………….

Telephone Number:......……………..…………. Email:……………………............................

Legal Entity: Individual General Partnership Limited Company Government Entity

 Other, please specify: ………………………………………………………………………

ID/ Passport/ Company Registration Number:…………………………..…………………….

1. For Companies,

 Name/s of Director/s Nationality ID/Passport No.

 .................................................... ...................... …………………………....

 ................................................... ...................... .........……..........................

 .................................................. ...................... ......……............................

# B. PARTICULARS OF VESSEL

1. Name of Vessel: …………………………………………………………………………………….

1. Class of Vessel: Merchant ship Fishing Pleasure Other

1. Vessel/Ship Registration Number/IMO No..………………Call Sign: ……………

1. Gross Tonnage …………………………………………….

# C. DECLARATION BY APPLICANT

I/We hereby declare that the information and particulars given by me/us in this form and in documents submitted are to the best of my/our knowledge true, correct and completed.

Name…………………………………………………. Designation………..…………………………..…………

Signature of Applicant ……………………………...Date………………………………….…………………….

Contact Telephone…………………………………………………………………………………………………

 Official Stamp

# D. Transmitter Information:

1. Radio Station Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | Transmitters  | Make/ Type  | Type Approved (Yes/No)  | Power (W)  | Frequency Band (s)  | Emission Designation  |
| 1. |   |   |   |   |   |   |
| 2. |   |   |   |   |   |   |
| 3. |   |   |   |   |   |   |
| 4. |   |   |   |   |   |   |

**E. Official Use:**

1. Recommended/ Not Recommended: ……………………………………………………………………………

 Name…………………………………………………. Designation……….……………………………………

 Signature ………….………………………………. Date………………………………….……………….

Official Stamp

 **Notes:**

This application shall be accompanied by:-

* 1. A letter stating the purposes for which the network is required
	2. A brief description of the proposed network with a diagram showing locations for the Radio stations and aerial distances between them.
	3. Copies of the following documents: -
		1. Certificate of Incorporation/Registration Certificate
		2. Valid business license/Certificate
		3. Tax Compliance Certificate
		4. Working Permit for the Foreign Directors (if the Directors are not Somaliland citizens and are residing Somaliland
		5. Copies of Somaliland National Identity Cards (ID) or Foreign passports for all Directors and Shareholders of the Applicant (Both sides of the ID should be copied onto the same side of an A4 size paper, and Passport copies should include pages showing the nationality, date of issue and expiry, name and photograph of holder.)