

Jamhuuriyadda Somaliland
Wasaaradda Isgaadhsiinta
iyo Teknoolajiyadda



Republic of Somaliland
Ministry of Communication
& Technology

Tix: WIT/WI/05/ /

Department of Telecom
Radio Interference Compliant Form

MICT/DOT/005/09

I. Licensee/Complainant	
Name:	
Address	
Telephone:	
License Number:	

II. Frequency:			
Discrete	Frequency:		Bandwidth:
Band	From:		To:

III. Interference:	
Type of devices interfered with (fixed, mobile, portable):	
Specific location where interference is experienced:	
Description of interference (hissing, humming, etc.).	
Suspected source of interference:	

IV: Occurrence:

Date/Time first noticed/experienced:	
Degree and timing of occurrence (regular, sporadic, etc.):	

V. Licensee / Complainant:

Name & Designation:	
Signature:	
Date:	

For Official Use Only:

Case No:	
Receiving Officer:	
Name & Designation:	
Signature:	
Date:	
Assigned To:	
Name & Designation:	