

File No.:



Telecommunications Authority of
Trinidad and Tobago
BEN Court
76 Boundary Road,
San Juan

Tel: (868) 675-8288
Fax: (868) 674- 1055
Email: info@tatt.org.tt
Website: www.tatt.org.tt

REGISTRATION FORM FOR CLASS LICENCE DEVICES

Form R-CL

Instructions:

1. One (1) printed copy of this registration form must be completed and submitted.
2. Please write in BLOCK CAPITAL letters with the use of a pen.
3. Please refer to the Instructions sheet to help you complete this registration form.

A. GENERAL INFORMATION		
Registrant:		
Contact Information Name of Individual and Position:		
Mailing Address:		
Telephone:	Fax:	Email:

B. TRANSMITTER CHARACTERISTICS			
	Base Station	Station 1	Station 2
Type of Class Licensed Device			
Manufacturer Make			
Manufacturer Model			
Frequency Range of Operation			
RF Output Power (Watts/dBm)			

C. ANTENNA CHARACTERISTICS

	Base Station	Station 1	Station 2
Manufacturer Make			
Manufacturer Model			
Antenna Gain (dB)			
Average Height above ground (m)			
Azimuth (degrees)			
Beam width (degrees)			
Polarization			
Geographical Location (degrees, minutes, seconds)			

D. DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare that the information provided in this registration form is correct and accurate to the best of my knowledge.

Registrant:

Name of individual authorised to sign on behalf of company (Block Capitals):

.....

Title:

Signature:

Date: