



TECHNICAL SPECIFICATIONS MARITIME RADIOCOMMUNICATIONS SYSTEMS

Form TS-MA

Instructions:

1. This form shall only be valid if submitted together with a completed Radiocommunications Licence Application (L1) form.
2. All sections of this form **must** be completed.
3. The submission checklist **must** be accurately completed.

SUBMISSION CHECKLIST		
Please ensure the following have been submitted:		
ITEM	DESCRIPTION	Check Box if Submitted
Form TS-MA	Completed all sections	<input type="checkbox"/>
A1	Original GMDSS Radio Operator's Certificate must be submitted for all commercial vessels.	<input type="checkbox"/>
A2	Ship Registration Certificate must be submitted.	<input type="checkbox"/>
B1	Copies of manufacturer's technical specifications for radio and antenna.	<input type="checkbox"/>
D	A Letter from technically responsible company/person, accepting responsibility for radiocommunications system, inclusive of a statement of qualifications and experience.	<input type="checkbox"/>

A. APPLICANT INFORMATION

Company:

Contact Person (Name and Position):

Mailing Address (Location, Street, P.O. Box, City/Town):

Telephone:

Facsimile:

Email:

A1 Original GMDSS Radio Operator's Certificate must be submitted for all commercial vessels.

A2 Ship Registration Certificate must be submitted for **all** vessels.

B. NETWORK DESIGN

B1. The applicant shall submit a copy of manufacturer's technical specifications for radio and antenna.

C. PARTICULARS OF SHIP STATION

1) Name of Ship-----

2) Registration No and Date of issue-----

3) Port of Registry -----

4) Gross Max .Registered Tonnage-----

5) Port where Radio Equipment was inspected -----

6) If name of ship has been changed, give former name -----

7) Type of ship

Passenger Cargo Fishing

Pleasure Yacht Tug Survey

Others-----

8) Number of Persons ship is licensed to carry.

Passengers -----

Crew-----

9) Nature of service

(i) Ship's Business (ii) Public Correspondence (iii) Both

(iii) Flag Signal

(iv)

10) Will the ship communicate with foreign coast stations or make international voyages.

Yes

No

11) Ship's intended areas operations-----

12) Name of Accounting Authority (**if Applicable**). -----

13) Address of Accounting Authority (**if Applicable**). -----

14) I.D Code of Accounting Authority -----

15) Phone No -----

16) Email-----

C. PARTICULARS OF SHIP STATION (CONTINUED...)							
Type of Equipment	Quantity Carried	Make, Type and Model Number	RF Output Watts	ITU Class of emission	Frequency		Equipment Type Approved Certificate
					TX	RX	
VHF Mobile							
VHF Portable							
DSC							
MF /HF Transciever							
MF/HF DSC							
Inmarsat Ship Earth Station.							
SART							
NAVTEX Receiver							
EPIRB							
Radar							
Satellite Station Ship							
Others							

D. TECHNICAL RESPONSIBILITY

The applicant must identify the technical staff or contractors responsible for the design, implementation and maintenance of the radiocommunications equipment.

Please check box below if the Applicant is technically responsible for radiocommunications system: **Design and Implementation:** **Maintenance:**

If "No" for any of the above, please complete parts 1 and/or 2 below.

Note: A letter must be included from the company/person accepting technical responsibility for the design and implementation and/or maintenance of the applicant's radiocommunications equipment, including the qualifications and experience of the technically qualified company/person.

1. Design and Implementation

Company:		
Contact Person (Name and Position):		
Mailing Address (Location, Street, P.O. Box, City/Town):		
Telephone:	Facsimile:	Email:

2. Maintenance (Check box if the same as above, otherwise complete below)

Company:		
Contact Person (Name and Position):		
Mailing Address (Location, Street, P.O. Box, City/Town):		
Telephone:	Facsimile:	Email:

E. DECLARATION AND SIGNATURE

I, the undersigned, do hereby declare that the information provided in this application is correct and accurate to the best of my knowledge. I acknowledge and agree that submitting an application to the Telecommunications Authority of Trinidad and Tobago does not mean that a licence will be granted, and that consideration of this application is a matter for the exercise of the Authority's discretion acting in accordance with the Telecommunications Act, 2001. If the licence is granted, I am fully aware of all the obligations and conditions associated with the licence. I understand that in processing this application, the Authority may undertake such investigations as it considers appropriate to verify the information submitted and/or to assess the background or suitability of any person involved or to be involved in any permission or authorisation hereby applied for, and I hereby expressly consent for myself and on behalf of the applicant(s) and all such persons, to the carrying out by the Authority of such investigations. I confirm that I am duly authorised by all the relevant persons to make this declaration.

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

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Position:

Signature:

Date: