



TECHNICAL SPECIFICATIONS AERONAUTICAL STATION RADIOCOMMUNICATIONS SYSTEMS

Form TS-AE

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-AE	Completed all sections	<input type="checkbox"/>
A1	Original Radio Operations Certificate issued/endorsed by Trinidad and Tobago Civil Aviation Authority	<input type="checkbox"/>
A2	Original Aircraft Registration Certificate	<input type="checkbox"/>
A3	Original Certificate of Airworthiness	<input type="checkbox"/>
B1	Description of use of radiocommunications system	<input type="checkbox"/>
B2	Copies of manufacturer's technical specifications for radio and antenna.	<input type="checkbox"/>
E	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	The applicant shall submit a copy of Original Radio Operations Certificate issued/endorsed by Trinidad and Tobago Civil Aviation Authority
A2	The applicant shall submit a copy of Original Aircraft Registration Certificate
A3	The applicant shall submit a copy of Original Certificate of Airworthiness
A4	The applicant shall submit a copy of Completed L1 form

B. PARTICULARS OF AIRCRAFT

B1.	The applicant shall explain in an attached letter how the radio-transmitting equipment or radiocommunications service proposed in this application will be used, as it relates to its business activities.
B2.	The applicant shall submit a copy of manufacturer's technical specifications for radio and antenna.

C. PARTICULARS OF AIRCRAFT (CONTINUED...)

Aircraft Registration Mark			
<i>Area of Operation</i>		Contact person at site	
City / Town*		Aircraft Type	
District*		Take Off Weight	
Country*		Start Date	
Site Location			
Latitude	° ' "		
Longitude	° ' "		

D. AIRCRAFT RADIOCOMMUNICATIONS STATION			
<p>Note: Please complete and submit a new Section D for each type of radio equipment to be licensed in this radiocommunications system and highlight same (in checkbox) based on the list below:</p>			
<input type="checkbox"/> VHF Mobile	<input type="checkbox"/> VHF Portable	<input type="checkbox"/> MF /HF Transceiver	
<input type="checkbox"/> DSC	<input type="checkbox"/> MF/HF DSC	<input type="checkbox"/> EPIRB	
<input type="checkbox"/> Radar	<input type="checkbox"/> Satellite Earth Station		

Radio Equipment:			
Make		Output Power	<input type="checkbox"/> Watts <input type="checkbox"/> dBm
Model			
Equipment Serial Number		Total Preset Channels	
Lower Frequency of Operation / (MHz)		Channel Bandwidth (KHz)	
Upper Frequency of Operation / (MHz)		RX Sensitivity (dBm)	
ITU Class of Emission Designator		RX Selectivity	

Antenna:	
Make	
Model	
Antenna Gain (dB)	
Beam Width H. (deg)	
Beam Width V. (deg)	
Frequency (MHz) - Lower	
Frequency (MHz) - Upper	
Line Attenuation (dB)	
ERP (dBm)	

E. 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:

F. 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: