



FAB

FREQUENCY ALLOCATION BOARD
Headquarters, Plot No. 112, H-10/4, Islamabad
www.fab.gov.pk

APPLICATION FORM FOR AERONAUTICAL STATION

1 Name of Applicant Organization: _____
Postal Address: _____
Tel. (with city code): _____ Fax No: _____ Web Site: _____

2 Contact Person: Mr/Ms/Mrs: _____
(First Name) (Last Name)
Designation: _____ Department: _____
Tel. (with city Code): _____ Mobile No. (if any): _____
Fax (with city Code): _____ Email: _____

3 Purpose: _____

4 Duration of License: 3 months 5 Years 10 years Permanent

5 Nature of Service: BTS RBS Paging Other

6 Type of Network Network ID Network Channel No.
Total No. of Sites: _____

7 **Site Data**
a. Name of Station: _____
b. Address of Station: _____
c. Call Sign _____ Area of Service (Sq. Km) _____
d. Coordinates:
Longitude: _____ Degrees _____ Minutes _____ Seconds
Latitude: _____ Degrees _____ Minutes _____ Seconds
e. Height of Site Above Mean sea Level (meters): _____

f. Type of Location: City Hill By river Within 16 km of aerodrome Rural

8 **Aircraft**
a. Aircraft Registration Mark _____
b. Call Sign _____
c. Country _____
d. Category _____
e. Aircraft Type _____
f. Home Air Port _____

9 **Equipment data:**
a. Equipment Name: _____
b. Types of Equipment Transciever Tx Only Rx Only
c. Manufacturer _____
d. Frequency Band: _____ e. Bandwidth: _____
f. Designation of Emission _____ g. Channel Occupancy _____ KHz

9.1 **Transmitter:**
a. Rad. Power (EIRP) _____ (dBw) b. Tx. Frequencies _____
c. Max. Rad. Power _____ (dBw) d. Frequency Band _____ To _____
e. Output Power _____ (dBw) f. Channel Spacing _____

Attach Spectrum Chart for:-

9.2 **Receiver:**
a. Total Attenuation (dB) _____
b. Rx Frequencies _____ MHz.
c. Frequency Band _____ (dBi) d. Minimum Power Level (dBm) _____

10 Supplementary Information (if any): _____

DECLARATION

I declare that information provided in this application and accompanying documents is true and correct in every Details. I undertake to observe the conditions of the license, and hereby certify that the equipment herein described will be operated in accordance with the provisions of the approval/license.

Signature: _____

Designation: _____

Name: _____

Date: _____

Office Seal
