



FAB

Frequency Allocation Board
Headquarters, Plot No. 112, H-10/4, Islamabad
www.fab.fov.pk

APPLICATION FORM FOR FIXED WIRELESS SERVICES
(Point to Point Microwave Links, VSAT, Telemetry and other Fix Links)

Automatic generated Reference No. : _____	Date: _____	For Official Use Only
License No. : _____	Date: _____	

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. **Link Data:**

a. Nature of Service: Public Government Limited Public Private

b. Type of Link Bi-directional Unidirectional Spread Spectrum Technology

Telemetry CMT Microwave Other

c. Link Capacity _____ Mbps d. Hop Length _____

e. Working Time: From _____ To _____ f. Type of Transmission Analog/Digital g. Frequency Band _____

h. Frequency Spot (Requested): Tx _____ Rx. _____ i. Channel Bandwidth: _____

j. Modulation Type: _____ k. Total No of Sites: _____

l. Designation of Emission: _____ m. Duration of License: 3 / 5 / 10 / Other Years

n. Purpose: _____

4. **Site # 1 Data**

a. AMSL (m) _____ b. Tower Height (m) _____ c. Antenna Height (m) _____

d. Name of Station _____

e. Address of Station _____

f. Coord. Longitude: _____ Degrees: _____ Minutes _____ Seconds _____

Latitude: _____ Degrees: _____ Minutes: _____ Seconds _____

Note: Provision of Coordinates up to the accuracy of Seconds is mandatory

g. Height of site above mean sea level (AMSL): _____ Meters

h. Type of Location: City Hill Rural Within 16 km of Aerodrome

5. **Site # 2 Data:** (separate form for equipment detail to be submitted if different equipment at both site is used)

a. Name of Station _____

b. Address of Station _____

c. Coord. Longitude: _____ Degrees: _____ Minutes _____ Seconds _____

Latitude: _____ Degrees: _____ Minutes: _____ Seconds

Note: Provision of Coordinates up to the accuracy of Seconds is mandatory

d. Height of site above mean sea level (AMSL): _____ Meters

e. Type of Location: City Hill Rural Within 16 km of Aerodrome

6. Equipment Data:

a. Equipment Name: _____

b. Manufacturer: _____

c. Frequency range of equipment: From _____ To _____

7. Transmitter:

a. Transmitter Output Power: Max _____ Working: _____

b. Total Attenuation (dB): _____

c. **Attach Spectrum Chart for Transmitter**

8 Receiver (for BER 10-6)

a. C/I at threshold level (dB): _____ b. Receiver threshold level (dB) _____

c. Total Attenuation (dB): _____

Attach Spectrum Chart for Transmitter

9. Antenna Data

a. Antenna Name _____ b. Antenna Type _____

c. Manufacturer _____ d. Diameter (m) _____

e. Antenna frequency range from _____ to _____

f. Antenna Gain _____ dBi For Frequency _____

g. Polarization _____

h. Antenna height above ground level. (m). _____

i. Half Power Beam Width: _____ j. Front to Back Ratio (dB) _____

k. Losses (dB): Feeder: _____ Branch _____ Switch _____

Antenna Pattern

PLEASE ATTACH THE AZIMUTH CO-POLARIZATION & CROSS POLARIZATION CHARTS OF THE ANTENNA (ALSO IN TABULAR FORM)

10. Supplementary Information (if any): _____

11. Nature and date of issuance of PTA license awarded to the applicant: _____

DECLARATION

I/We hereby declare that the statement made and particular given in this application form are true and correct to the best of my/our knowledge and belief.

I/We also declare and undertake that all facilities to be acquired by me/us pursuant to this application shall be used by me/us only for the purpose for which it is acquired and that the conditions subject to which the facilities is granted shall be complied with.

Signature: _____

Designation: _____

Name: _____

Place: _____

Date: _____

Office Seal