



FAB

Frequency Allocation Board

Headquarters, Plot No. 112, H-10/4, Islamabad

www.fab.fov.pk

**APPLICATION FORM FOR LAND MOBILE WIRELESS (PUBLIC) STATION
(CMT, Radio Trunking, paging, FWA and Other Base Station)**

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. _____
Fax (with city Code): _____ Email: _____

3. Purpose: _____

4. Duration of License: 3 months 2 years 5 years Other

5. Nature of Service: CMT Radio Trunking Paging Other

6. Total No. of Sites: _____

7. **Site Data**

a. Name of Station _____

b. Address of Station _____

c. Radius of Service _____

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 Other Within 16 km of aerodrome Rural

8. **Equipment Data**

a. Equipment Name: _____ b. Manufacturer: _____ c. Equipment ID: _____

d. Type of equipment Transceiver Tx Only Rx Only

e. Designation of Emission: _____ f. Channel Bandwidth: _____

g. Frequency Range: _____

8.1 **Transmitter Data:**

a. Equipment Operating Output: _____ (dBm) b. Modulation: _____
c. Requested Tx Frequencies: _____

8.2 **Receiver:**

a. Total Attenuation (dB) : _____ b. Receiver Sensitivity (dBm) _____
c. Requested Rx Frequencies: _____

8.3 **Antenna Data:**

a. Antenna Name: _____ b. Manufacturer: _____
c. Antenna Type: (Monopole/**Dipole**/Loop/Planner/Array/Reflector/Sector/Parabolic): _____
d. Antenna Gain: _____ (dBi) e. Polarization: _____
f. Effective Antenna Height (m) in all Azimuth _____
g. Antenna Height above ground level _____
h. Beam Width (3 dB): Horizontal _____ Vertical _____

NOTE: ATTACH COMPLETE TECHNICAL LITRETURE OF EQUIPMENT (IN ENGLISH LANGUAGE) ALONGWITH AZIMUTH AND ELEVATION PATTERN OF TRANSMITTING ANTENNA OF BASE/REPEATER IN GRAPHICAL AND TABULAR FORM

9. Supplementary Information (if any): _____

10 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 shall be compiled with.

Signature: _____
Designation: _____
Name: _____
Place _____
Date: _____

Office Seal