



المملكة الأردنية الهاشمية

**The Hashemite Kingdom of Jordan
Telecommunications Regulatory Commission
Radio Spectrum Management Department**

نموذج طلب لترخيص/تجديد/تعديل ترددات راديوية لسفينة

**APPLICATION FORM
FOR
Issue\Renew\Amendment of
SHIP RADIO LICENCE**

Telecommunications Regulatory Commission (TRC)

**Tel. (962-6)-5862020
Fax (962-6)-5863641/42
P.O. Box: 850967
Amman 11185 Jordan**

**Seventh circle, third exit to the right from
Airport Highway, Ibrahim El-Bajori street
<http://www.trc.gov.jo>
trc@trc.gov.joE-mail:
spectrum@trc.gov.jo**

Section A

Applicant Details

1. Name -----

2. Address -----

3. Registered address of applicant in Jordan -----

4. Type of Applicant

- Individual Yes/No
- Government Department Yes/No
- Partnership Yes/No
- Company Yes/No-----Registration number ()
- Other organization Yes/No-----e.g. corporation

I HEREBY APPLY FOR (Make an X in the appropriate box(es))

1-New License

2-Renewal of my Licence* (No need to fill the technical information)

3-Amend My License

Check one or more boxes that correctly describes the purpose of this Amend

<input type="checkbox"/>	request authority to add channel(s)
<input type="checkbox"/>	request authority to change channel(s)
<input type="checkbox"/>	request authority to increase EIRP by more than 1 dB in any direction
<input type="checkbox"/>	request authority to increase antenna radiation center height above ground
<input type="checkbox"/>	request authority to increase overall height of antenna structure
<input type="checkbox"/>	request authority to change antenna polarization
<input type="checkbox"/>	request authority to change transmitter emission type or bandwidth
<input type="checkbox"/>	change antenna horizontal radiation pattern
<input type="checkbox"/>	change azimuth of main horizontal lobe of radiation
<input type="checkbox"/>	add or change visual frequency offset
<input type="checkbox"/>	decrease EIRP
<input type="checkbox"/>	change antenna radiation center height
<input type="checkbox"/>	increase overall height of antenna above ground or building
<input type="checkbox"/>	decrease overall height of antenna structure
<input type="checkbox"/>	delete a channel(s)
<input type="checkbox"/>	Change my station call sign
<input type="checkbox"/>	Change my name on my license to my new name(Applicant's above)
<input type="checkbox"/>	Change of mailing Address to above address
<input type="checkbox"/>	correct erroneous information on license not involving a major change (submit an Annex if nature of correction(s) is not listed here).
<input type="checkbox"/>	other facilities changes, please specify (submit Annex explaining changes)

Name: _____.

Former Name (if Changed) _____

I certify that: All statements and attachments are true, complete and correct to the best of my knowledge and belief and are made in good faith;

Date _____

Signed: _____

* Renewal means to renew the current license without any changes.

PURPOSE OF Applicant's OTHER APPLICATIONS PENDING (FOR TRC USE ONLY):

Previous Applications (If applicable)		
Application Date	Application Result	Remarks

Current License Information (If applicable)							
Type of License	License's Date	License's Current Status					Remarks
		Valid	Terminated	Expired	Revoked	Modified	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section B

Vessel Details

5. Name of vessel-----

6. Vessel call sign-----

7. Has vessels name changed? If so state previous name-----

8. State previous owner's name and address-----

9. Type of vessel

Give details e.g. motorboat, yacht, trawler etc

- Pleasure----- Yes/No-----
- Fishing----- Yes/No-----
- Merchant----- Yes/No-----
- Other Type----- Yes/No-----

10. State tonnage of vessel-----

11. State homeport where vessel normally resides-----

12. If vessel is registered, give: -

- Port of Registry-----
- Official number-----

Section C
Equipments:

Equipment Fitted	Manufacturer	Model	Emission	Output	Frequency
Main MF/HF Transmitter					
VHF Transmitter					
VHF DSC Encoder/Decoder					
MF/HF DSC Encoder/Decoder					
Navtex Receiver					
Radio Navigation					
Mobile Earth Station (MES)					
GPS					
Others					

All applicants submitting a model that has already been granted type approval by TRC, must abide to the following conditions:

- A TRC Declaration form in [Annex 1](#) must be completed.
- A TRC Safety Declaration form in [Annex 2](#) must be completed.
- A TRC Emissions Declaration form in [Annex 3](#) must be completed
- Only equipment from the declared source of import is allowed to be marketed and sold in Jordan. The applicant will be required to re-apply for a new type approval if the source of import has changed.
- A letter or a proof from the declared source of import stating the models supplied to the applicant.

Annex 1

Declaration ** To be completed by all applications **
--

Please complete the rest of the application before signing this declaration

To the best of my knowledge and belief the particulars given in this document are correct and complete.

I have read the application notes, statements and conditions and will supply the necessary information (the attached) with my application.

I, (Name & Title) _____

Position in Company _____

For and on behalf of _____ (Name of Company) located at
Address _____

Do solemnly and sincerely declare that the following telecommunication equipment:

Manufacturer _____ Model No. _____

imported from :

Company _____

Address _____

Country _____

Contact Person (if possible) _____

Tel _____ Fax _____

E-mail _____

Complies with _____, and _____
_____, and _____

Standards and shall ensure that only radio communications equipment from the above declared source will be marketed and or operated and/or sold in Jordan.

I shall re-apply for type approval if the source of the above radio communications is different from the one declared above.

I further declare that the specimen(s) (if requested by TRC) offered for Type Approval test is/are representative of the product envisaged.

Signature & Name for and on behalf of (Name of Company) Date

Annex 2

Safety Declaration

** To be completed by all applications **

I (We), Declare that I (We) have the safety test result relating to the radio communication equipment mentioned in this form as identified overleaf.

I (We) declare on my (our) sole responsibility that the radio communication equipment is in conformity with the following safety standard(s) and/or normative document(s) :

_____, and _____
_____, and _____

Telecommunications equipment information :	
Manufacturer _____	Model No. _____
imported from :	
Company _____	
Address _____	
Country _____	

(Name & Title) _____

Position in Company _____

For and on behalf of _____ (Name of Company) located at
Address _____

Signature & Name for and on behalf of Date

Annex 3

Declaration ** To be completed by all applications **
--

Please complete the rest of the application before signing this declaration

I (We) declare on my (our) sole responsibility that the concerned product in this application is conformity with the following:

1. Any possible method should be done to enable the most efficient use of spectrum, such as Bandwidth expansion, amplitude modulation and single-sideband techniques.
2. Frequency tolerance of the center frequency used by the concerned product must comply with the ones specified in table1.
3. Maximum spurious emission power level from the concerned product should be within the range specified in table2.
4. Frequency tolerances and levels of unwanted emissions should be at the lowest value which the service permits.
5. In case of using Bandwidth-expansion techniques, power spectral density should be employed in such manner that ensures efficient use of the spectrum.
6. Technical parameters of the receiving station should be considered so as to comply with the class of emission concerned.
7. Interference caused by a transmitter located at a close distance from the receiver should be minimized using the appropriate performance characteristic & parameters.

Signature & Name for and on behalf of (Name of Company)

Date

PLEDGE

I, the undersigned, acknowledge that to the best of my ability I have fully read and understood all the terms and conditions in this application form and completed it accurately.

Applicant's Name

Signature

Date

Application received by

Name:

Signature:

Date:

_____ :

Company Stamp _____

This application form is intended to provide TRC with all the necessary information needed for evaluation purposes. Any item , phrase condition ,statement ...etc indicated in this application will not considered as obligatory for TRC if it is not fully comply with the TRC's relevant regulations, instructions and rules currently adopted by TRC or are not based on an official statement by TRC . In any case any of these information (items, phrases , conditions, statements...etc) indicated in the application or provided by the applicant are obligatory to the applicant but not for the TRC.

Declaration

I certify that the information supplied on this application form is correct and that the equipment is type approved to the relevant specifications.

Signature of applicant-----

Name (BLOCK CAPITALS) -----Date-----

If you are signing on behalf of a Company or organization state:-

Name of Company/Organization -----

Position -----

Company/Organization Stamp

Return this application form to: -

Telecommunications Regulatory Commission
Spectrum Management Department
Amman

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Amman 11185 Jordan.

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