

FREQUENCY LICENSE

NEW MODIFY CANCEL

Already in possession of a license:

License number:	Expiration date (d/m/y):
Cancellation:	Cancellation date:

1. APPLICANT'S DETAILS

1. Applicant	
2. Concession/License #	
3. Contact Person for this request	
Surname	
Given names	
Title/Function	
Fixed Phone	
Mobile Phone	
Email Address	

2. FREQUENCY

Frequency Band	
Frequency desired	
Bandwidth size	
FDD/TDD	
Local-Inter Island- international	

3. NOTES

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4. FREQUENCY MODIFIED

Frequency Band	
Frequency	
Bandwidth	

FDD/TDD	
Local-Inter Island-International	

7. APPLICANTS DECLARATION

I understand that any permit issued to me may be subsequently modified, suspended or cancelled without advanced notice. I warrant that all information submitted herein or herewith is true, correct and complete to the best of my knowledge. I commit to remit the fees associated with the processing of this application and any subsequent certification thereto to the BTPSXM.

Date signed (d/m/y):

Signature:

8. REQUIRED DOCUMENT

If to modify or cancel please attach previous authorization.

Processing Notes: BTPSXM Internal use only

Reviewed by:

Review date:

Fees assessed and notified on:

Decision on the Request:

Processed by:
Processing Date: