

REPUBLIC OF LIBERIA**THE NATIONAL REGULATOR****LIBERIA TELECOMMUNICATIONS AUTHORITY**
(LTA)**LICENSE APPLICATION FORM**

Application Fee: USD \$ _____

This form should be filled out clearly. Illegible and/or incomplete form may delay processing of application.

If you are applying for a telecommunications license from the LTA and you fall within the following category:

1. New Applicants for telecommunications license
2. Applicants for renewal and replacement of license(s)
3. Applicants for new, renewal and replacement of radio frequency license(s)

Fill the form completely (N/A for Non-Applicable areas) and submit the supporting documents as required by the regulations number LTA – REG – 0001 and the licensing guidelines.

APPLICATION FOR (Please Select One): New (): Renewal (): Replacement ():

A. BUSINESS ENTITY INFORMATION

Form# _____

- 1. Entity Name: _____
- 2. Official Address: _____

- 3. Mailing Address: _____

- 4. Telephone Number(s): _____
- 5. Mobile Number(s): _____
- 6. Email Address: _____
- 7. Incorporated in Liberia: YES (): NO ():
- 8. Year of Incorporation in Liberia: _____
- 9. Business Registered in Liberia: YES (): NO ():
- 10. Date of registration in Liberia: DAY _____ MONTH _____ YEAR _____
- 11. Is Business Registration current? YES (): NO (): *If Yes, Provide latest Registration documents*
- 12. The number of Liberian Owners/Shareholders: _____
- 13. The number of Foreign Owners/Shareholders: _____
- 14. Is this a Joint Venture or Partnership? YES (): NO ():
- 15. If Yes, provide copies of Joint Venture/Partnership agreements

B. LICENSE TYPE & SERVICES

- 1. RADIO BROADCAST STATIONS *(Check all that is applicable)*
 - () SW () FM () Amateur Radio () Citizen Band Radio;
 - () Community FM Radio; () Campus Based FM Radio; () Nationwide FM Radio;
 - () Type A Standard FM Radio; () Type B Standard FM Radio; () Type C Standard FM Radio;
 - () Type D Standard FM Radio; () Internet Protocol FM Radio;
- 2. TELEVISION BROADCAST STATIONS: *(Check all that is applicable)*
 - () Free-On-Air Nationwide; () Free-On-Air Urban; () Free-On-Air Rural; () Free-View Internet Protocol-TV; () Pay-View Internet Protocol-TV; () Digital Terrestrial TV (with frequency assignment); () Digital Terrestrial TV (without frequency assignment); () Satellite TV;
- 3. EARTH STATION / VSAT *(Check all that is applicable)*
 - () Data & Internet Traffic; () Satellite TV Signals; () Voice Transmission / VoIP;
 - () Public Use; () Commercial Use; () Corporate Use; () Non-Commercial Use;

4. LAND MOBILE RADIO COMMUNICATION STATIONS *(Check all that is applicable)*
 MF/HF; VHF; UHF/SHF;
5. AERONAUTICAL RADIO COMMUNICATION STATIONS *(Check all that is applicable)*
 MF/HF; VHF; Ground Station;
 Ground-To-Air Station; Air-To—Air Station; Glider;
 Radio Aircraft License weighing ≤ 3,200Kg; > 3,200Kg < 14,000Kg; > 14,000Kg;
6. MARINE RADIO COMMUNICATIONS STATIONS *(Check all that is applicable)*
 MF/HF; VHF; Ship Radio;
7. TELECOM EQUIPMENT & PRODUCTS DEALER *(Check all that is applicable)*
 Manufacturer; Importer; Wholesale Distributor;
 Retailer; Repair Shop; General Network Maintenance; Mobile Phones & Accessories;
8. NETWORK INSTALLER & MAINTENANCE *(Check all that is applicable)*
 Individual Technician; Network Installation - Companies; Other; *(Please specify)*

9. INTERNET SERVICE PROVIDER *(Check all that is applicable)*
 Data Service 1; Data Service 2; Data Service 3;
10. OTHERS *(Please specify)*
 Inmarsat Terminals; Public Paging System; Corporate Paging System;

C. OTHER BASIC INFORMATION

1. The applicant or any affiliate –
- | | | |
|--|---------|--------|
| Currently possess a license (frequency/spectrum) in Liberia | YES () | NO () |
| Has ever applied for a license (frequency/spectrum) in Liberia | YES () | NO () |
| Has ever been refused such license or a license renewal | YES () | NO () |
| Has ever had such license suspended or revoked | YES () | NO () |
- If any of the answers in item 1 is “YES”, provide affiliate name(s) and explanation: _____

2. Indicate whether the applicant, or any affiliate of the applicant, or any of the Board of Directors, or any of the Executive Officers have ever been convicted of an offense in Liberia or in any other country: YES () NO ().

If "YES", provide explanation: _____

3. Indicate whether the applicant, or any affiliate of the applicant, or any of the Board of Directors, or any of the Executive Officers are currently a subject of a charge or indictment under the laws of any country: YES () NO ()

If "YES", provide explanation: _____

4. Indicate whether the applicant, or any affiliate of the applicant, have any shareholdings over 5% in any other Licensed Service Provider, Licensed Carrier, or Licensed Spectrum User in Liberia: YES () NO ()

If "YES", provide explanation: _____

5. Indicate whether the applicant, or any affiliate of the applicant, has any shareholdings over 5% in any licensed telecommunications provider in any West African States: YES () NO ()

If "YES", Identify name of Licensee: _____ License: _____

6. Indicate whether the applicant, or any affiliate of the applicant, is engaged in the manufacturing of any telecommunications equipment. YES () NO (): If "YES", provide explanation: _____

7. Indicate whether the applicant has any other business activities outside the telecommunication market in Liberia: YES () NO (): If "YES", provide brief description of the business activities: _____

The submission of this form does not guarantee the issuance of a license or frequency. The completed application will form the basis for the Commission to review potential applicants; interview the applicant; perform due diligence on the information provided and make the decisions for the issuance of the license and/or frequency.

All information on this application must be true and correct. Failure to provide the true and correct information will lead to disqualification of this application and a forfeit of whatever application and due diligence fees submitted.

Signed: _____

Authorized Entity Official

Signed: _____

Authorized Entity Official

Full Name: _____

Full Name: _____

Position: _____

Position: _____

OFFICIAL USE ONLY

APPLICATION #: _____

NON-REFUNDABLE APPLICATION FEE: _____

APPLICATION FOR: Standardization () New License () Renewal ()
 Replacement () Radio Frequency ()

LICENSE TYPE: Individual License () Class License ()

LICENSE TERM/DURATION: _____

This completed application form and subsequent payment of applicable fee (s) must be received in our office within 90 calendar days as of the date of receipt. Failure to provide the required information and payment by _____ will result in cancellation of your application.