

- Satellite TV
- Pay Internet Protocol TV
- Free Internet Protocol TV
- Other (Please specify)

Purpose of Service.....

Indicate whether the applicant, or any affiliate of the applicant, currently operates a licensed Broadcast station in Liberia. Yes No

If yes, identify the Licensee and the date the License was issued?

4.0 TECHNICAL DATA	
Service Type	
Latitude	
Longitude	
Height (ASL) m	

4.1 ANTENNA INFORMATION	
Brand Name	
Antenna Type	
Beam Width	
Polarization	
Frequency Range	
Elevation / Tilt (°)	
Antenna Directivity	
Antenna Gain	
Antenna Height	

4.2 TOWER INFORMATION	
Tower Type	
Tower Height	
Elevation (ASL)	
Ohmic Value of the Grounding System (<5 ohms)	
Colors of the Tower	
Aviation Lights Available	

4.3 TRANSMISSION EQUIPMENT INFORMATION	
Transmitter Manufacturer	
Model Number	
Serial Number	
Maximum Output Power	
Operational / Radiated Power	
Frequency Deviation/Step	

CERTIFICATION STATEMENT

We declare that we have not commenced provision or operation of any of the Radiocommunication stations applied for in this application and every piece of information in this application is true and correct. We understand that approval from the LTA for this application is based on information declared in this application. We further acknowledge that, should any of the information declared herein is found to be untrue, inaccurate or incorrect; any license granted by the LTA will be revoked without notice. The LTA reserves the right to impose penal sanctions against us under any applicable laws and regulations in force, and this is without prejudice to any civil remedies that the LTA could bring against us if any of the information declared in this application is found to be untrue, inaccurate or incorrect.

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Signature

.....
Stamp

.....
Name

.....
Date

.....
Position

Official Use Only

Date Application Received.....LTA Broadcast Station License Application Number.....

Permission Granted! YES NO, Reason(s).....

Frequency(ies)MHz

Name of Authorized LTA Personnel.....Title.....

SignatureDate Application Processed.....

License Type.....

Date Issued.....Expiration Date.....

Comments:.....

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