



التاريخ : / / م الرقم ()

**TECHNICAL INFORMATION SHEET FOR RADIO
EQUIPMENTS BELOW 1 GHZ**

GENERAL INFORMATION

NAME OF APPLICANTS:
NATIONALITY:.....
ADDRESS:.....
TEL. No.:.....
FAX. No.:.....
FIELD OF WORK:.....
NAME OF SUPPLIER:
NAME OF TRANSPORTER COMP.:.....
EXPECTED DATE OF ARRIVAL:.....
PORT OF ARRIVAL:.....
EXACT PURPOSE FOR WHICH THE STATION IS REQUIRED:.....

SUPPORTING ENTITY	DATE OF LETTER	REF. OF LETTER	RECORD NO.	DATE OF RECORD	APPLICATION STATUS
FOR ADMINISTRATION USE ONLY					

TECHNICAL INFORMATION

FREQUENCY BAND:.....
TYPE OF OPERATION :.....
1-SIMPLEX OPERATION:

2-DUPLEX OPERATION:



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NO. OF RF CHANNELS:.....

-IN THE CASE OF DUPLEX INDICATE TO:

1-Tx/Rx SHIFTER

(IN THE BAND(140-470)MHZ Tx/Rx SHIFTER SHOULD BE NOT EXCEED 5MHZ)

2-CHANNEL SEPARATION:.....

CHANNEL BAND WIDTH:.....

TYPE OF SERVICE:

FIXED

☐

MOBILE ON VEHICLE

☐

HAND HELD

☐

NUMBER OF EQUIPMENT:

FIXED

MOBILE

HAND HELD

TX. OUTPUT POWER :.....

NAME OF TX STATION :

FIXED STATION COORDINATES:-

LONG				LAT			
	E				N		

AREA OF COVERAGE:.....

TYPE OF ANTENNA:

DIRECTIONAL

OMNI

☐
☐

ANTENNA GAIN :.....

TYPE OF EQUIPMENT:.....

CLASS OF EQUIPMENT:.....

NAME OF MANUFACTURING :.....

REMARKS:.....

THE DIRECT RESPONSIBLE NAME AND HIS JOB:.....

AUTHORITY STAMPING:.....

DATE:.....