



LICENCE APPLICATION FORM

ECS 2/2011

Pursuant to the Communications Act 2009

Please tick as appropriate:

New Applicant	<input type="checkbox"/>
Existing Licensee making new application <i>(See guidance note #3 below)</i>	<input type="checkbox"/>
Existing Licensee applying for Spectrum only <i>(See guidance note #4 below)</i>	<input type="checkbox"/>

Guidance Notes

- 1) The completed application form should be submitted to:
Utilities Regulation & Competition Authority
UBS Annex Building
East Bay Street
P. O. Box N - 4860
Nassau, Bahamas
- 2) The completed application form must be accompanied by a licence application fee, payable to Utilities Regulation and Competition Authority (URCA). Details of the relevant fees can be found in the Fee Schedule on the URCA website.
- 3) **Existing Licensee making new application** – applicable to current licensees making application for a new service.
- 4) **Existing Licensee applying for Spectrum only** - applicable to the holder of an Individual Spectrum Licence applying for additional Spectrum. The Individual Spectrum Licence holder need only to complete **Parts A, B** and **E** of this form.
- 5) This application form should be read in conjunction with the Licensing Guidelines (ECS 15/2009) and Fee Schedule as published from time to time on the URCA website.
- 6) Should there be questions or concerns regarding this form, please contact our office at telephone number: (242) 393 0234, email address: info@urcabahamas.bs or visit our website at www.urbahamas.bs

PART A – TO BE COMPLETED IN FULL BY ALL APPLICANTS

(Please complete in type or block letters)

SECTION 1 - CONTACT DETAILS	
Name of applicant:	
Address of applicant: (Street Name/Postal Address/ Building Number/Island/Registered Office)	
Contact person:	
Telephone Number(s):	
Fax Number:	
Email address:	
Website address:	

SECTION 2 - PERSONAL DETAILS (applicable where applicant is not a company) [NOTE: Please provide copies of identification page(s) of passport]

Nationality:	
Date of birth:	
National Insurance number:	
Passport Number:	
Occupation:	

SECTION 3 - BUSINESS DETAILS

State whether the applicant is a company, sole proprietorship, partnership, joint venture, non-profit organisation or other:	
Business Licence Number:	

NOTE: Where applicant is a company, please provide the following:

- i. Copy of a Business Licence (or receipt of payment for pending Business Licence);
- ii. Certificate of Incorporation

Where applicant is a sole trader, please provide the following:

- i. Copy of Business Licence (or receipt of payment for pending Business Licence);
- ii. Copy of Certificate of Registration (i.e. Registered Business name)

PART B – SERVICE(S) FOR WHICH APPLICATION IS SUBMITTED – TO BE COMPLETED BY NEW APPLICANTS AND EXISTING LICENSEES

SECTION 1 - TYPE OF SERVICE (Please specify by ticking the appropriate box)

<input type="checkbox"/> Broadband Wireless	<input type="checkbox"/> Broadcasting Station (AM/FM Radio)	<input type="checkbox"/> Broadcasting Station (Television)	<input type="checkbox"/> Backhaul
<input type="checkbox"/> Cellular/Mobile Networks	<input type="checkbox"/> Fixed Voice	<input type="checkbox"/> Fixed Wireless Access	<input type="checkbox"/> Internet Service Provider (ISP)
<input type="checkbox"/> Pay Television	<input type="checkbox"/> Prepaid Calling Card Services (Own Branding)	<input type="checkbox"/> Private Land Base	<input type="checkbox"/> Private Paging
<input type="checkbox"/> Private Trunking	<input type="checkbox"/> Public Fixed Network	<input type="checkbox"/> Public Paging	<input type="checkbox"/> Public Pay Phone
<input type="checkbox"/> Public Trunking	<input type="checkbox"/> Resale of services (Voice/Data)	<input type="checkbox"/> Service Providers requiring Number resources	<input type="checkbox"/> Submarine Cable Networks
<input type="checkbox"/> Transmission Capacity for Other Licenced Operators (OLOs)	<input type="checkbox"/> Wi-Fi Networks <input type="checkbox"/> VSAT	<input type="checkbox"/> Other (Please specify): _____ _____	

INFORMATION ON EXISTING SERVICE TYPE – ONLY TO BE COMPLETED BY EXISTING LICENSEES

SECTION 2 - TYPE OF EXISTING SERVICE (Please specify by ticking the appropriate)

<input type="checkbox"/> Broadband Wireless	<input type="checkbox"/> Broadcasting Station (AM/FM Radio)	<input type="checkbox"/> Broadcasting Station (Television)	<input type="checkbox"/> Backhaul
<input type="checkbox"/> Cellular/Mobile Networks	<input type="checkbox"/> Fixed Voice	<input type="checkbox"/> Fixed Wireless Access	<input type="checkbox"/> Internet Service Provider (ISP)
<input type="checkbox"/> Pay Television	<input type="checkbox"/> Prepaid Calling Card Services (Own Branding)	<input type="checkbox"/> Private Land Base	<input type="checkbox"/> Private Paging
<input type="checkbox"/> Private Trunking	<input type="checkbox"/> Public Fixed Network	<input type="checkbox"/> Public Paging	<input type="checkbox"/> Public Pay Phone
<input type="checkbox"/> Public Trunking	<input type="checkbox"/> Resale of services (Voice/Data)	<input type="checkbox"/> Service Providers requiring Number resources	<input type="checkbox"/> Submarine Cable Networks
<input type="checkbox"/> Transmission Capacity for Other Licenced Operators (OLOs)	<input type="checkbox"/> Wi-Fi Networks <input type="checkbox"/> VSAT	<input type="checkbox"/> Other (Please specify): _____ _____	

Licence Number (if applicable)

Date issued:

PART C – APPLICANT HISTORY

- i. **APPLICANTS NOT PROVIDING SERVICE TO THE PUBLIC FOR COMMERCIAL GAIN ARE ONLY REQUIRED TO COMPLETE SECTION 1 OF PART C**
- ii. **ALL OTHER APPLICANTS ARE TO COMPLETE ALL SECTIONS OF PART C.**

SECTION 1 - HISTORY OF APPLICANT

Has the applicant been convicted of any criminal offence; particular consideration will be given to offences of dishonesty, fraud, financial crime or an offence whether or not in The Bahamas or offences under legislation relating to electronic communications networks, carriage services or content services?
 YES NO If yes, please provide details: _____

Is the applicant, or has the applicant been the subject of any proceedings of a disciplinary or criminal nature, or has been notified of any potential proceedings or of any investigation which might lead to those proceedings?
 YES NO If yes, please provide details: _____

Has the applicant contravened any of the requirements and standards of the electronic communications regulatory system or the equivalent standards or requirements of other regulatory authorities (including a previous regulator), professional bodies, or government bodies or agencies? YES NO
If yes, please provide details: _____

SECTION 2 - HISTORY OF APPLICANT (cont'd)

Has the applicant been the subject of any adverse finding or any settlement in civil proceedings, particularly in connection with investment or other financial business, misconduct, fraud or the formation or management of a body corporate? YES NO If yes, please provide details: _____

Has the applicant been refused the right to carry on a trade, business or profession requiring a licence, registration or other authority whether, as a result of the removal of the relevant licence, registration or other authority? YES NO If yes, please provide details: _____

Has the applicant been a director, partner, or concerned in the management, of a business that has gone into insolvency, liquidation or administration while the person has been connected with that organisation or within one year of that connection? YES NO If yes, please provide details: _____

Has the applicant ever been disqualified from acting as a director or disqualified from acting in any managerial capacity? YES NO If yes, please provide details: _____

SECTION 3 - INFORMATION FOR APPLICANT CREDIT CHECK

Primary Bank details (name of bank, branch): _____

Name of applicant's commercial loan officer/bank manager/relationship manager (as appropriate):

Telephone contact of applicant's commercial loan officer/bank manager/relationship manager:

NOTE: Please provide a bank reference letter with this application.

SECTION 4 - IN ADDITION TO THE BANK REFERENCE LETTER, PLEASE PROVIDE THE DETAILS OF TWO CREDIT REFERENCES

Credit reference number 1

Contact name, Telephone Number(s) and Address: _____

Credit reference number 2

Contact name, Telephone Number(s) and Address: _____

For URCA's Credit Use Only

Payment of licence fees up to date – YES/NO (delete as appropriate)	
If NO, amount outstanding and date of last payment made:	

APPROVED	
Credit Line:	Terms:
Approved by:	Date:
DENIED:	
Denied by:	Date:
Reasons for denial:	

Rejection letter sent by:	Date:
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PART D – APPLICANT’S PROPOSED SERVICES AND/OR NETWORK – ONLY TO BE COMPLETED BY:
i. NEW APPLICANT INTENDING TO PROVIDE SERVICE TO THE PUBLIC FOR COMMERCIAL GAIN
ii. EXISTING LICENSEE INTENDING TO PROVIDE SERVICE TO THE PUBLIC FOR COMMERCIAL GAIN

SECTION 1 - APPLICANT’S ACTIVITIES IN THE ELECTRONIC COMMUNICATIONS SECTOR

CURRENT ACTIVITIES IN THE ELECTRONIC COMMUNICATIONS SECTOR YES NO

CURRENT ACTIVITIES IN THE ELECTRONIC COMMUNICATIONS SECTOR

Please provide answers to the following questions in relation to:
(Answers should be provided on separate sheets)

Applicant

- The applicant’s activities in The Bahamas;
- The applicant’s activities elsewhere in the world.

Services

- Please provide details of the products and services being provided by the applicant

Networks

- Please provide a summary and diagrammatic representation of the infrastructure, including radio-based infrastructure

SECTION 2 - APPLICANT’S PROPOSED ACTIVITIES IN THE ELECTRONIC COMMUNICATIONS SECTOR

Services

- Please provide a description of each proposed service, including details on the following:
 - all technical aspects of the services (including equipment);
 - how customers will access the services;
 - information on competing products and providers;
 - targeted customer base, including number of customers targeted.

Networks

- Please provide a summary and diagrammatic representation of the network and systems that the applicant is planning to put in place within the next three (3) years, including radio-based infrastructure

SECTION 3 - FINANCIAL INFORMATION AND BUSINESS PLAN

Please provide a comprehensive business plan. The plan should set out any assumptions used and should cover a period of at least three (3) years.

The information provided **must** include (with independent confirmation as appropriate):

- Sources of funding;
- Financial projections for three (3) years to include revenues, capital investments, and cash flow; and
- Market assumptions and forecast.

Please provide a diagrammatic representation of the applicant's company structure.

Please provide the names of shareholders with at least 10% of issued shares and their percentage shareholding.

Does the applicant have any shareholdings of over 5% in any other licensed electronic communications provider in The Bahamas? YES NO If yes, please provide details: _____

PART E – SPECTRUM ALLOCATION – TO BE COMPLETED BY ALL LICENCE APPLICANTS REQUIRING SPECTRUM

SECTION 1 - HISTORY OF THE APPLICANT

Has the applicant ever applied for and been granted a spectrum licence in The Bahamas?
 YES NO If yes, please provide details: _____

Has any such licence been revoked? YES NO If yes, please provide details: _____

SECTION 2 - APPLICANT PROPOSED ACTIVITIES

Please describe the intended use of any spectrum allocation (i.e. services for which the required spectrum will be used)

REQUESTED SPECTRUM BAND AND RANGE (if applicable)
 Frequency Band: _____
 Frequency Range: _____

SECTION 3 - POINT TO MULTIPOINT

Please specify by ticking the type of service most appropriate for the spectrum allocation you require.

Type of Application		
<input type="checkbox"/> Broadband Wireless	<input type="checkbox"/> Broadcasting (AM/FM Radio)	<input type="checkbox"/> Broadcasting (Television)
<input type="checkbox"/> Cellular/ Mobile Networks	<input type="checkbox"/> Fixed Wireless Access	<input type="checkbox"/> Internet Service Provider (ISP)
<input type="checkbox"/> Pay Television	<input type="checkbox"/> Private Land Base	<input type="checkbox"/> Private Paging
<input type="checkbox"/> Private Trunking	<input type="checkbox"/> Public Fixed Network	<input type="checkbox"/> Public Paging
<input type="checkbox"/> Public Trunking	<input type="checkbox"/> WiFi Networks	

Other (Please specify): _____

SECTION 3 - POINT TO MULTIPOINT (cont'd)

Location			
	Base Station Address (Island/Street/Building Name/No.)	Lower Frequency	Upper Frequency
1.			
2.			
3.			
4.			

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR WHICH THE REQUESTED SPECTRUM WILL BE USED:

	Transmit Location	Coverage Area [Island(s)]	Bandwidth	Antenna Azimuth (s)
1.				
2.				
3.				
4.				

	Modulation Technology (eg. GSM, AM, FM, etc.)	Co-ordinates				Effective Radiated Power E(IRP)
		Latitude (x)	Longitude (x)	Latitude (y)	Longitude (y)	
1.						
2.						
3.						
4.						

SECTION 4 - POINT TO POINT

Type of Application						
<input type="checkbox"/> Private Fixed Station		<input type="checkbox"/> Public Fixed Station		<input type="checkbox"/> Backhaul		
Other (Please specify): _____						

Location		Co-ordinates				Antenna
	Site Address	Latitude (x)	Longitude (x)	Latitude (y)	Longitude (y)	Height (ft)
1.						
2.						
3.						
4.						

SECTION 4 - POINT TO POINT (cont'd)

	Frequency (MHz)			Effective Radiated Power
	Transmit	Receive	Bandwidth	E(I)RP of Tx's
1.				
2.				
3.				
4.				

SECTION 5 – SATELLITE COMMUNICATIONS

Type of Application

Earth Station

VSAT

Other (Please specify) _____

	Site Address	Name of satellite and administrator	Uplink (MHz)	Downlink (MHz)	Bandwidth	Effective Radiated Power E(I)RP of Tx's
1.						
2.						
3.						

Additional Information:
