



NIGERIAN COMMUNICATIONS COMMISSION

MOBILE SATELLITE SERVICE (MSS) NETWORK FREQUENCY LICENCE APPLICATION FORM

Part 1: General Information

Applicant Information

Name of Company: _____

Company Representative: _____
Last First Middle

Position Held: _____

Company Address: _____
Street Address

City State P.O. Box/Zip Code

Phone number: _____ Email: _____

Fax: _____

Type of Operational Licence (s) held (for companies incorporated in Nigeria): _____

Licence No (s): _____

Is this frequency assignment sought for:

- Trial Use (Less than 3 months)
- Or
- Long-Term Use

Please indicate the number of year(s) to be covered by the first invoice:

10 years

Remarks: _____

Part 2: Technical Parameters

MSS Parameters

TYPE OF MSS STATION: AMSS: LMSS: MMSS:

Brand (Manufacturer): _____

Frequency Band of Operation:

L -Band:

S -Band:

Others: _____

MSS Network Facility Type:

Transmit only: Receive only:
Transmit/Receive: Others: Please specify: _____

MSS Transmit Parameters

Provide information regarding the proposed Transmitter:

Transmit (Tx) Center Frequency (ies) of channel(s): _____ MHz

Channel's Frequency Range(s) of Operation: _____
_____ MHz

ITU Class of Emission Designator: _____

Max. EIRP/ Carrier: _____ (dBW)

Max. EIRP Density per Carrier: _____ (dBW/4KHz)

MSS Receive Parameters

Provide information regarding the proposed Receiver:

Receive (Rx) Center Frequency (ies) of channel(s): _____
_____ MHz

Channel's Frequency Range(s) of Operation: _____
_____ MHz

Associated Gateway Earth Station (GES) Parameters (For relevant GES servicing Nigeria)

Associated Gateway Earth Station (GES) ID: _____

Associated Gateway Earth Station (GES) Address: _____

Town/ City: _____

Country: _____

Latitude: Deg: _____ Mins: _____ Secs: _____ N or S *In Decimal:* _____

Longitude: Deg: _____ Mins: _____ Secs: _____ E or W *In Decimal:* _____

Site Elevation above Sea Level (ASL): _____

Associated Space Satellite Parameters

Name of Associated Space Satellite: _____

Name of Associated Satellite Home Administration: _____

Orbital Type of Space Satellite: GEO MEO LEO Others: _____

Orbital Position of Space Satellite (Applicable to GEO satellites only):

Degree E: _____ Degree W: _____

MSS Network Parameters

Provide the following information.

MSS Deployed Network: _____ (TO BE SUBMITTED BI-ANNUALLY IN LINE WITH THE MSS REPORTING TEMPLATE VIA THE URL <https://www.ncc.gov.ng/docman-main/spectrum-reporting/space-services-reporting-templates/966-mss-earth-station-reporting->_____)

Disclaimer and Signature

I certify that the provided information are true and complete.

The grant of an Assignment notwithstanding, I understand that any false or misleading information in my application may result in the Commission withdrawing the said Licence and my forfeiture of whatsoever amount I have paid on account of the Licence.

*Affix Passport
Photograph of
Authorized
Representative*

Signature: _____

Date: _____

IMPORTANT INFORMATION

This application should be submitted in triplicate (each bounded) along with the following documents:

- 1. A copy of the Certificate of Incorporation of the company from the Corporate Affairs Commission (CAC).**
- 2. Two (2) passport sized photographs each of Two (2) authorized representatives of the company.**
- 3. The technical details of the proposed equipment.**
- 4. The EMC Certificate for the proposed equipment and Type Approval Certificate(s) from the Nigerian Communications Commission.**
- 5. A copy of the receipt for processing fee (N 10,000:00)**
- 6. Schematic of the proposed network deployment.**

CHECKLIST

Please mark X in the appropriate box:

- Have all applicable sections of this form been completed?
- Has the disclaimer page been signed?
- Have all the documents requested for been enclosed?