

EXPLANATORY NOTES- *please read this information before completing the application form*

- Complete this application for all new frequencies and licences, including requests to change current frequency and/or location details applying to existing licences.
- Complete section A in the name and/or title of the person or company/organisation to whom the licence will be issued.
- You may use this form only for the type of licences shown in Section E of this form. If space is insufficient, you may use a separate sheet.
- Modifications can only be requested to current, non-fixed term licences belonging to the applicant.
- Information is available on the Radio Spectrum Management website [www.rsm.govt.nz](http://www.rsm.govt.nz)
- The completed form should be forwarded to Ministry of Economic Development, Radio Spectrum Management Group, PO Box 2847, Wellington.
- Mandatory fields marked with an asterisk \* must be completed. Incomplete application forms may be returned to the applicant for completion.
- The licence applicant may nominate, as their agent, any person or company to act as temporary advisor .
- Payment of licence fees will be required before a licence is granted. The applicable fees are listed in Schedule 6 of the Radiocommunications Regulations 2001.
- A separate application form must be used for each type of licence being sought.
- The assignment of a frequency or channel does not imply reservation in perpetuity. Any licence granted will apply to the person(s) or business named on the application.
- If this licence is granted, full details will be recorded in the Register of Radio Frequencies and will be available for public inspection. This will include the name and address of the licence holder. Clients of type person have the right to request that their residential address be withheld from public access. Requests must be made in writing to the Registrar of Radio Frequencies, Private Bag 92061, Auckland.

**FOR HELP WITH THIS APPLICATION PLEASE FREEPHONE 0508 RSM INFO (0508 776 4636)**

## A LICENCE APPLICATION DETAILS \* = mandatory fields

\*Client types Please select a category. For Client type 'Person' go to A1, for all other client types go to A2

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Person <i>&gt; go to A1</i> | <input type="checkbox"/> Government Department | <input type="checkbox"/> Registered Company |
| <input type="checkbox"/> Charitable Trust            | <input type="checkbox"/> Incorporated Society  | <input type="checkbox"/> Statutory Body     |
| <input type="checkbox"/> Club (Amateur Radio Only)   | <input type="checkbox"/> Other                 |   |
| <input type="checkbox"/> Council                     | <input type="checkbox"/> Overseas Company      |   |

## A1 Person

Do you already have licences issued under the same name?

- No, I am applying for a licence for the first time  
 Yes, I am an existing licensee

Client ID \_\_\_\_\_

\* First name \_\_\_\_\_

\* Last name \_\_\_\_\_

Title:  Mr  Mrs  Miss  Ms  Doctor

Billing Name: \_\_\_\_\_

Email address: \_\_\_\_\_

\* Private Phone \_\_\_\_\_  
 Area Code Phone Number

\* Business Phone \_\_\_\_\_  
 Area Code Phone Number

Mobile Phone \_\_\_\_\_  
 Prefix Phone Number

Fax Number \_\_\_\_\_  
 Area Code Fax Number

## A2 For client types of

- |                             |                      |
|-----------------------------|----------------------|
| • Charitable Trust          | • Other              |
| • Club (Amateur Radio Only) | • Overseas Company   |
| • Council                   | • Registered Company |
| • Government Department     | • Statutory Body     |
| • Incorporated Society      |                      |

Do you already have licences issued under the same name?

- No, I am applying for a licence for the first time  
 Yes, I am an existing licensee

Client ID \_\_\_\_\_

Company Registration No. \_\_\_\_\_

Organisation Name \_\_\_\_\_

Billing Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Private Phone \_\_\_\_\_  
 Area Code Phone Number

\* Business Phone \_\_\_\_\_  
 Area Code Phone Number

Mobile Phone \_\_\_\_\_  
 Prefix Phone Number

Fax Number \_\_\_\_\_  
 Area Code Fax Number

**B ADDRESS SECTION****\* B1 Residential/Physical Address**

\* Number and Street: \_\_\_\_\_

\* Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode (if known): \_\_\_\_\_

See explanatory note above for information on how to request the withholding of residential address details on the Register of Radio Frequencies

**\* B2 Billing/Postal Address**

(if not supplied, it is assumed to be the same as the residential address)

\*PO Box number: \_\_\_\_\_

\* Or Number and Street: \_\_\_\_\_

\* Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_

**C CONTACT DETAILS - RSM's SMART system has provision for the multiple contact types to ensure targeted communication**

- Licence Contact e.g. Licence or asset manager  
 Payment Contact e.g. Accountant or accounts receivable  
 Technical Contact e.g. Agent or engineer

Name: \_\_\_\_\_

\* First name

\* Last name

Title:  Mr  Mrs  Miss  Ms  Doctor

Responsibility: (eg. North Island fixed links or Accounts Payable etc...)

\_\_\_\_\_  
 \_\_\_\_\_

Email Address: \_\_\_\_\_

Private Phone: \_\_\_\_\_  
Area Code Phone NumberBusiness Phone: \_\_\_\_\_  
Area Code Phone NumberMobile Phone: \_\_\_\_\_  
Prefix Phone NumberFax Number: \_\_\_\_\_  
Area Code Fax Number

If you wish to notify RSM of additional contacts, please copy this page and attach it with your application.

**D PAYMENT OPTIONS - See Schedule 6 of Radiocommunications Regulations 2001 for applicable fees**

Payment of licence fees will be required once licence engineering and administration is completed and before licence is granted.

- Online payment - save 10% on Annual Administration Fees!**  
 Online payments receive a 10% discount on the annual fee component. The licence holder will receive an email with instructions on how to pay online once licence engineering is completed. Payment accepted by credit card or a pre-arranged direct debit.
- Invoice - no discount**  
 An invoice is sent to licence holder once licence engineering is completed.

For assistance or further information on fees and payment options contact us on 0508 RSM INFO (0508 776 463)

## E AMATEUR / CITIZEN BAND / RADIODETERMINATION / SATELLITE / OTHER SERVICES

New Licence       Modify existing licence number \_\_\_\_\_

**Select Service Type***Amateur*

Beacon       Fixed       Repeater

*Go to section F*

*Citizen Band*

PRS Repeater

*Go to section F*

*Radiodetermination*

Meteorological Aid    Meteorological Radar    Other

*Go to section F*

*Satellite*

Fixed    Mobile    Receive Protection    VSAT - SNG

*Go to section H*

## F AMATEUR / CITIZEN BAND / RADIODETERMINATION / OTHER SERVICES

Fixed Term Use: Period commencing \_\_\_\_\_ Ending \_\_\_\_\_

Purpose of service: \_\_\_\_\_

Proposed Power: \_\_\_\_\_ dBW eirp / Watt eirp (please circle)

**F1 Licence Frequency Details**

*Please specify the preferred Band(s) or Channel(s) and the required details for Frequency(ies).*

\* Preferred Band(s) \_\_\_\_\_

Preferred Channel(s) \_\_\_\_\_ or Preferred Frequency(ies) \_\_\_\_\_ MHz

\* Emission designation(s) (eg. 16Kof3EGN) \_\_\_\_\_

\* Method of Modulation (eg. FM/QPSK, etc) \_\_\_\_\_

Bit rate (bits/s) \_\_\_\_\_

**F2 Licence Equipment Details**

*Please enter equipment details.*

\* Make and Model \_\_\_\_\_ Radio Standard \_\_\_\_\_

**F3 Location Specific Details**

*All New Zealand grid references should be specified in NZMS260 (Metric) format or in NZ Map Grid format (long reference).*

*[New Zealand Geodetic Datum 1949] Chatham Island grid references should be specified in Longitude/Latitude format.*

\* Location Name \_\_\_\_\_

\* Map/Grid Reference : Map \_\_\_\_\_ Easting \_\_\_\_\_ Northing \_\_\_\_\_

Site Height ASL (metres) \_\_\_\_\_

Site access manager details \_\_\_\_\_

Antenna Make and Model \_\_\_\_\_ \*Antenna Height AGL (metres) \_\_\_\_\_

**Additional information**

*Please supply any additional frequency/equipment/location/antenna information as necessary.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## H SATELLITE SERVICES

Fixed Term Use: Period commencing \_\_\_\_\_ Ending \_\_\_\_\_

Purpose of service: \_\_\_\_\_

\*Proposed Power: \_\_\_\_\_ dBW eirp / Watt eirp (please circle)

### Satellite Earth Station Details

If more than one location please attach separate schedule providing details for the bolded fields

**New Station**       **Existing Station**

\***Location Name** \_\_\_\_\_

\*Map/Grid Reference : Map \_\_\_\_\_ Easting \_\_\_\_\_ Northing \_\_\_\_\_

\***Site Height ASL (metres)** \_\_\_\_\_ \*Antenna Height AGL (metres) \_\_\_\_\_

\***Antenna Make and Model** \_\_\_\_\_ \*Antenna Gain \_\_\_\_\_

\*Antenna Diameter \_\_\_\_\_ \*Number of Antennas \_\_\_\_\_

\***Antenna Azimuth** \_\_\_\_\_ degrees wrt True North \***Antenna Elevation** \_\_\_\_\_

### Transmit Details

\*Transmit Power (dBW) \_\_\_\_\_ \* Transmit Bandwith (MHz) \_\_\_\_\_

\* Transmit Lower Frequency (MHz) \_\_\_\_\_ \* Transmit Upper Frequency (MHz) \_\_\_\_\_

\* Transmit Characteristic Frequency (MHz) \_\_\_\_\_ \* Transmit Polarisation \_\_\_\_\_

\* Emission Designation ( e.g. 7M10D7WWX) \_\_\_\_\_

### Receive Details

Receive Lower Frequency (MHz) \_\_\_\_\_ Receive Upper Frequency (MHz) \_\_\_\_\_

\* Receive Characteristic Frequency (MHz) \_\_\_\_\_ \*Receive Polarisation \_\_\_\_\_

\* Emission Designation ( e.g. 7M10D7WWX) \_\_\_\_\_

Minimum receive signal level \_\_\_\_\_ (dBm/4kHz) MPIS level \_\_\_\_\_ (dBm/4kHz)

Receive system noise figure (dB) \_\_\_\_\_ Equipment make & model \_\_\_\_\_

### Additional information

Please supply any additional earth station information as necessary.

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**H SATELLITE SERVICES (CONTINUED)****Satellite Details**

\*Name of Satellite \_\_\_\_\_ \*Satellite Service Provider \_\_\_\_\_

\*Longitude \_\_\_\_\_  E  W

\*Transponder/Group ID \_\_\_\_\_ Transponder Beam: \_\_\_\_\_

Transmit Lower Frequency (MHz) \_\_\_\_\_ Transmit Upper Frequency (MHz) \_\_\_\_\_

Transmit Characteristic Frequency (MHz) \_\_\_\_\_

Emission Designation (e.g. 7M10D7WWX) \_\_\_\_\_

Receive Lower Frequency (MHz) \_\_\_\_\_ Receive Upper Frequency (MHz) \_\_\_\_\_

Receive Characteristic Frequency (MHz) \_\_\_\_\_

Emission Designation (e.g. 7M10D7WWX) \_\_\_\_\_

**Additional information***Please supply any additional satellite information as necessary*


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**I DECLARATION**

In accordance with Regulations made pursuant to Part XIII of the Radiocommunications Act 1989, I hereby apply for the grant of a licence for the installation, operation or use of the radio apparatus described herein.

**\*I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT IN EVERY PARTICULAR.**

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 Signature of Applicant

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 Name of Applicant

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 Date

RSM will acknowledge all applications received. You may view the status of your application by connecting to SMART at [www.rsm.govt.nz](http://www.rsm.govt.nz) at any time. Please note that client key and password is required.

**APPLY ONLINE AND SAVE 10 % ON YOUR LICENCE FEES!!  
GO TO [WWW.RSM.GOV.T.NZ](http://WWW.RSM.GOV.T.NZ) TO TAKE ADVANTAGE OF OUR NEW WEB-BASED  
SYSTEM ENABLING ONLINE APPLICATIONS, INCLUDING REAL-TIME ISSUE OF SOME  
LICENCE TYPES, COMPREHENSIVE SEARCH FACILITIES AND ONLINE FEE PAYMENTS.**

**NEED MORE INFO OR HELP WITH YOUR APPLICATION? CONTACT US ON FREEPHONE  
0508 RSM INFO (0508 776 463) OR E-MAIL US AT [INFO@RSM.GOV.T.NZ](mailto:INFO@RSM.GOV.T.NZ)**