



Telecommunications Agency,  
Guyana

**FREQUENCY AUTHORISATION APPLICATION**

**FOR**

**PUBLIC TELECOMMUNICATIONS NETWORK**

**AND**

**PUBLIC TELECOMMUNICATIONS SERVICE**

**[PART A, B, C and H]**

## SCHEDULE 5

### APPLICATION FOR A FREQUENCY AUTHORISATION UNDER SECTION 30 OF THE TELECOMMUNICATIONS ACT 2016

#### **Instructions**

- \* Three (3) copies of the completed application should be submitted in an envelope clearly marked “Frequency Authorisation Application” addressed to the Director, Telecommunications Agency, Colgrain House, 205 Camp Street, South Cummingsburg, Georgetown.
- \* The completed application must be accompanied by the application fee designated by the Telecommunications Agency (the “Agency”) in section 93(3) of the Telecommunications Act 2016 (the “Act”), or in the regulations thereto, or in the Telecommunications Code, whichever is applicable.
- \* The application must be completed fully, in typed or block letters. You should attach additional pages as may be needed in order to answer all of the questions fully and to otherwise submit a complete application.
- \* Terms used in this application form have the same meaning as they have in the Act, the Telecommunications (Licensing and Frequency Authorisation) Regulations 2020 (the “Regulations”) and other regulations issued under the Act. You should review both the Act and the regulations issued under it carefully before filing your application, not only to ensure that you know what the terms used mean, but also to understand the legal regime under which you are applying to operate a telecommunications network or provide a telecommunications service.
- \* You must inform the Agency in writing if you wish to request that any information contained in your completed application be treated as confidential and identify all such information clearly and with specificity.
- \* Under the Regulations, you have an obligation to inform the Agency promptly of any matter included in your application that changes in any material respect, both while your application is pending and after any frequency authorisation has been issued to you. Failure to inform the Agency promptly of any such material change is an offence punishable upon conviction with a fine of not less than one million dollars and not more than two million dollars and imprisonment of six months, with additional fines for continuing failures after conviction.
- \* If you intend to operate a public telecommunications network or provide public telecommunications services in the course of the use of the spectrum and the installation and operation of radiocommunication equipment for which you are submitting this application, you must also apply for and be granted a licence (or, if an exemption applies to your activities, an exemption) under the Act. The application form for a licence (or an exemption, if you qualify for one) may be obtained from the Agency by a request in writing or from its website.)
- \* This application must be signed:
  - in the case of an application by an individual or sole proprietor, by the individual or sole proprietorship in whose name the application is made
  - in the case of an application by a partnership, by a partner, accompanied by a resolution by the managing or general partner stating that the individual signing the application is authorised to do so by the partnership
  - in the case of a company or other body corporate, by a director, corporate secretary or other authorised officer, accompanied by a resolution of the company’s Board of Directors or, if the applicant is a body corporate other than a company, a resolution of the body corporate’s governing body stating that the individual signing the application is authorised to do so by the company or other body corporate.

- \* A copy of the manufacturer's technical specifications for all radiocommunication equipment that you wish to install and operate must accompany this application (including antenna specifications).
- \* The site and antenna mast details are required for technical and frequency planning purposes. The Applicant must satisfy the requirements as to height, structural design, and other factors established by the Guyana Civil Aviation Authority and/or any other relevant authority.
- \* In the case of fixed or repeater stations, a diagram drawn on a suitable scale showing the service area and locations to be served must be submitted with your application.
- \* The output power of the repeater stations must not exceed 100 watts, that of base/fixed stations must not exceed 45 watts, and that of mobile stations must not exceed 25 watts.
- \* If a frequency authorisation is granted to you, you must take every precaution to ensure freedom from interference and not to cause interference to other stations. You must also exclude unauthorised persons from access to or the operation of any radiocommunication equipment that you may be authorised to install and operate.
- \* It is recommended that you consult with the Agency in the preparation of this application, to ensure that your plans for use of the spectrum and the installation and operation of radiocommunication equipment are commensurate with the law and policies governing the spectrum.

**PART A: PRELIMINARY INFORMATION** *(to be completed by all Applicants)*

1. This application is being submitted for: *(check all that apply)*

Use of the spectrum and radiocommunication equipment to operate a public telecommunications network *(if yes, please complete Parts A, B, C and H)*

Use of the spectrum and radiocommunication equipment to provide public telecommunications services *(if yes, please complete Parts A, B, C and H)*

2. Is this application being submitted in connection with a response to a competitive selection process (e.g., request for proposals, tender, auction, etc.) issued by the Agency?

Yes

No

If you answered “yes,” please provide the name and identifying number (if any) of the request for proposals, tender, or other document issued by the Agency for the selection process: \_\_\_\_\_

\_\_\_\_\_

3. Are you submitting this application because you intend to install or operate radiocommunication equipment within Guyana for the purpose of transmitting any telecommunications to any point outside Guyana? *(See section 30(10)(a) of the Act)*

Yes

No

If you answer “yes,” please provide a brief description of the telecommunications you intend to transmit, the point(s) outside Guyana to which they will be transmitted, and the radiocommunication equipment you intend to utilise: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you submitting this application because you currently hold an authorisation to operate a broadcasting network or provide a broadcasting service, but intend to operate a public telecommunications network or provide a public telecommunications service not expressly authorised by such licence and that would use the spectrum and require you to install and operate radiocommunication equipment? *(See regulation 8(2) of the Regulations)*

Yes

No

If you answer “yes,” please provide a brief description of the type of public telecommunications network you intend to operate and/or public telecommunications service you intend to provide, including any converged public telecommunications network and/or bundled public telecommunications service, how you intend to use the spectrum in relation to them, and what radiocommunication equipment you intend to install and operate: \_\_\_\_\_

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**PART B: THE APPLICANT AND ITS AFFILIATES *(to be completed by all Applicants)***

1. **Full Name of Applicant:** \_\_\_\_\_

2. **Applicant’s Address and Other Contact Information**

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Postal Address (if any): \_\_\_\_\_  
\_\_\_\_\_

Designated Contact Person: \_\_\_\_\_

Contact Person’s E-mail Address: \_\_\_\_\_

Contact Person’s Telephone Number(s): \_\_\_\_\_

Contact Person’s Facsimile Number(s): \_\_\_\_\_

3. **Address in Guyana (if different from the above)**

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

#### 4. Applicant's Profile

##### 4.1 Business classification: (check one)

- ☐ Individual
- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Company
- ☐ Other (describe) \_\_\_\_\_

##### 4.2 If the Applicant is an individual or a sole proprietor:

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

Nationality: \_\_\_\_\_

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

Passport/Other ID Number: \_\_\_\_\_

Name under which Applicant proposes to do business: \_\_\_\_\_

##### 4.3 If the Applicant is a partnership:

*Please submit a copy of the partnership's registration with the relevant governmental authorities.*

Type of partnership: \_\_\_\_\_

Place of formation: \_\_\_\_\_

Registration number: \_\_\_\_\_

Name under which partnership proposes to do business (if different from item B(1) above): \_\_\_\_\_

If the partners listed below are not the ultimate owners of the partnership, name and address of the ultimate owner: \_\_\_\_\_

<u>Name and Address of Each Partner</u>	<u>Type of Partner</u>	<u>Nationality</u>	<u>Ownership Percentage</u>	<u>Passport/ Other ID Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### 4.4 If the Applicant is a company:

*Please submit copies of the company's Articles of Incorporation and Certificate of Incorporation.*

Type of company:\_\_\_\_\_

Place of incorporation:\_\_\_\_\_

Date of incorporation:\_\_\_\_\_

Registration number:\_\_\_\_\_

Number of authorised shares:\_\_\_\_\_

Number of issued shares:\_\_\_\_\_

Name under which company proposes to do business (if different from item B(1) above):

\_\_\_\_\_

If the shareholders listed below are not the ultimate owners of the company, name and address of the ultimate parent:\_\_\_\_\_

<u>Name of Shareholders</u>	<u>Personal Address</u>	<u>Nationality</u>	<u>Ownership Percentage</u>	<u>Passport/ Other ID Number</u>
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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<u>Name of Officers, Directors, Corporate Secretary and Key Managerial Staff</u>	<u>Personal Address</u>	<u>Nationality</u>	<u>Position</u>	<u>Passport/ Other ID Number</u>
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_____	_____	_____	_____	_____
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**4.5 If the Applicant is another type of body corporate:**

*Please submit copies of the body corporate's organisational documents and registration with the relevant governmental authorities.*

Type of body corporate: \_\_\_\_\_

Place of formation:\_\_\_\_\_

Date of formation: \_\_\_\_\_

Registration number: \_\_\_\_\_

Name under which body corporate proposes to do business (if different from item B(1) above):

If the owners listed below are not the ultimate owners of the body corporate, name and address of the ultimate owner: \_\_\_\_\_

<u>Name of Owners</u>	<u>Personal Address</u>	<u>Nationality</u>	<u>Ownership Percentage</u>	<u>Passport/ Other ID Number</u>
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<u>Name of Officers, Governing Body Members, and Key Managerial Staff</u>	<u>Personal Address</u>	<u>Nationality</u>	<u>Position</u>	<u>Passport/ Other ID Number</u>
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[illegible]



**5. Authorised Agent and Address in Guyana for Service of Process**

Name of authorised agent:\_\_\_\_\_

Address in Guyana:\_\_\_\_\_

**6. Name(s) and Address(es) of the Bank(s) or Other Financial Institution(s) Where the Applicant Maintains Its Account(s)**

Name of Bank(s)  
or Other Financial Institutions

Address(es)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**7. History of the Applicant and Its Affiliates**

*Please answer “yes” or “no” to the following questions and provide complete details for any questions to which you answer “yes”:*

- 7.1 Has the Applicant, any of its affiliates, or any of its shareholders or other owners, partners, directors or other governing body members, officers or key managerial staff been declared bankrupt or otherwise insolvent, or have any of them been shareholders or other owners, partners, directors or other governing body members, officers or key managers of any sole proprietorship, partnership, company or other body corporate that has been declared bankrupt or otherwise insolvent?

Yes ☐ No ☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the answer to this question is “yes” as to the Applicant, any of its affiliates, or any of the above individuals, please attach a copy of any discharge in bankruptcy as to any of them.

7.2 Do the shareholders or other owners, partners, directors or other governing body members, officers, or key managerial staff have any interest or high level position in any business, other than the Applicant, licensed to operate a telecommunications network or provide a telecommunications service?

Yes    ☐            No        ☐

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7.3 Has the Applicant operated under or carried on business under any name other than the name in this application?

Yes    ☐                      No        ☐

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7.4 Has the Applicant or any of its affiliates ever applied for a licence, exemption or frequency authorisation under the Act or any other Guyana law or regulation and been refused?

Yes                                      No

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7.5 Has the Applicant or any of its affiliates ever been granted a licence, exemption or frequency authorisation under the Act or any other Guyana law or regulation?

Yes ☐ No ☐

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7.6 If the answer to question 7.5 is “yes,” has any such licence, exemption or frequency authorisation been modified, suspended or terminated, or has the Applicant or any of its affiliates otherwise been penalised or sanctioned in relation to any such licence, exemption or frequency authorisation?

Yes ☐ No ☐

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7.7 Does the Applicant or any of its affiliates currently hold, or have any of them ever applied for or held, a licence, exemption, frequency authorisation or any other type of permit to operate a telecommunications network or provide a telecommunications service in any country other than Guyana?

Yes ☐ No ☐

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7.8 Does the Applicant or any of its affiliates currently operate, or have any of them ever operated, a telecommunications network or provided a telecommunications service in any country other than Guyana for which a licence, exemption, frequency authorisation or any other type of permit was not required?

Yes ☐ No ☐

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7.9 If the answer to question 7.7 or 7.8 is “yes,” has any such licence, exemption frequency authorisation, or other permit been refused, modified, suspended or terminated, or has the Applicant or any of its affiliates otherwise been penalised or sanctioned in relation to the operation of any such telecommunications network or provision of any such telecommunications service?

Yes ☐ No ☐

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- 7.10 Has the Applicant, or any of its shareholders or other owners, partners, directors or other governing body members, officers or key managerial staff ever been the defendant or respondent in any proceedings in any court in any jurisdiction involving dishonesty, fraud, theft, violence or other violation of law, or is any of them currently the subject of any such proceeding?

Yes ☐ No ☐

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**PART C: APPLICANT'S BUSINESS AND PROPOSED USES OF THE SPECTRUM AND INSTALLATION AND OPERATION OF RADIOCOMMUNICATION EQUIPMENT** *(to be completed only by Applicants who intend to use the spectrum and install and operate radiocommunication equipment for purposes of operating a public telecommunications network or providing public telecommunications services.*

*Applicants for the operation of a private telecommunications network or provision of private telecommunications service should skip to Part D.*

*Applicants for use of the spectrum and installation of radiocommunication equipment onboard a ship or other water-borne vessel should skip to Part E.*

*Applicants for use of the spectrum and installation of radiocommunication equipment onboard an aircraft should skip to Part F.*

*Applicants for an amateur radio frequency authorisation should skip to Part G.*

**1. Identification of the use of the spectrum and radiocommunication equipment**

1.1 Type of service *(check all that apply)*:

Paging ☐ Cellular ☐ Mobile ☐ Fixed ☐ Point-to-Multipoint ☐ Relay Station ☐

If other, please describe: \_\_\_\_\_  
\_\_\_\_\_

If mobile service, state number of mobiles: \_\_\_\_\_

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1.2 Who will operate the radiocommunication equipment/system?

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

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

Nationality: \_\_\_\_\_

Technical qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State whether operation of the radiocommunication equipment will be in the hands of qualified operator(s), and what arrangement the Applicant proposes to ensure observance by operating personnel of the terms and conditions of the frequency authorisation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.3 Who will plan the radiocommunication system?

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

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

Nationality: \_\_\_\_\_

Technical qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.4 Who will maintain the radiocommunication equipment and system?

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

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

Nationality: \_\_\_\_\_

Technical qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1.5 Is an earth station involved in the Applicant's proposed use of the spectrum?

Yes ☐

No ☐

If "yes," please provide the following information on the earth station and its characteristics:

- (i) A letter from the satellite provider, indicating the name and address of the satellite provider, assigned frequencies for the proposed service and the station to be communicated with.
- (ii) A copy of the manufacturer's technical specification for the transmitter, receiver and antenna.

1.6 Please provide the following information on the radiocommunication equipment, including antennas, and any radiocommunication station you intend to install and operate:

**(i) Transmitter**

- A. Location of station, including geographic coordinates
- B. Make, model and class of equipment
- C. Requested frequency band(s)
- D. Number of channels requested and channel bandwidth
- E. Effective radiated power (dBm). If the transmitter has a power rating, please indicate it.
- F. Modulation type
- G. IF Frequencies (kHz)
- H. ITU class of emission designation (for each frequency)
- I. Type of service(s)

**(ii) Receiver**

- A. Make, model and class of receiver
- B. Requested frequency band
- C. Receiver selectivity (adjacent channel rejection)
- D. Receiver sensitivity (Indicate type dB SINAD, dynamic, static)
- E. Spurious and image rejection
- F. IF Frequency (KHz)
- G. Type of service(s)

**(iii) Antenna**

- A. Geographical location including latitude and longitude
- B. Antenna make and model
- C. Antenna type
- D. Antenna size and maximum gain
- E. Antenna height above average terrain (m)
- F. Maximum EIRP (dBW)

- G. Beamwidth (degrees)
- H. Maximum power density (mW/cm<sup>2</sup>)
- I. Modulation
- J. Azimuth (degrees)
- K. Elevation (degrees)
- L. Polarisation
- M. Total transmission line loss
- N. Effective radiated power
- O. Power supply requirements
- P. Type of service(s)
- Q. Hours of operation (UTC)

**(iv) Satellite earth stations**

- A. Name of receiving earth station
- B. Operating satellite(s)
- C. Agreements with satellite provider
- D. Satellite receiving beam designation
- E. Proposed date of bringing into use

**PART H: DECLARATION**

On behalf, and with the authorisation, of the Applicant, I declare that the information provided in this application, including all attached and supplementary materials, is true and accurate in all material respects. I acknowledge and agree that submitting an application to the Agency does not mean that a frequency authorisation will be granted, and that consideration of this application is a matter for the exercise of the Agency's and Minister's discretion acting in accordance with the Telecommunications Act 2016. If a frequency authorisation is granted, I am fully aware of the obligations and conditions associated with it, including the obligation to exclude unauthorised persons from access to or the operation of any radiocommunication equipment that the Applicant may be authorised to install and operate. I understand that in processing this application, the Agency may undertake such investigations as it considers appropriate to verify the information submitted and/or to assess the background or suitability of any person involved or to be involved in any permission or authorisation hereby applied for, and I hereby expressly consent for myself and on behalf of the Applicant and all such persons, to the carrying out by the Agency of such investigations. I confirm that I am duly authorised by the Applicant and such other persons to make this declaration.

Name of Applicant: \_\_\_\_\_

By: \_\_\_\_\_

Full name of signatory: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

*See the Instructions at the beginning of this application for how Applicants who are partnerships, companies or other bodies corporate must document the above signatory's authorisation to execute and submit this application.*