



المملكة الأردنية الهاشمية

**The Hashemite Kingdom of Jordan  
Telecommunications Regulatory Commission  
Radio Spectrum Management Department**

نموذج طلب لترخيص/تجديد/تعديل امتلاك وتشغيل وصلة راديوية خاصة

**APPLICATION FORM  
FOR  
Issue\Renew\Amendment of  
PRIVATE FIXED RADIO-RELAY LINK LICENCE**

Telecommunications Regulatory Commission (TRC)

Tel. (962-6)-5862020  
Fax (962-6)-5863641/42  
P.O. Box: 850967  
Amman 11185 Jordan

Seventh circle, third exit to the right from  
Airport Highway, Ibrahim El-Bajori street

<http://www.trc.gov.jo>

E-mail: [trc@trc.gov.jo](mailto:trc@trc.gov.jo)

[spectrum@trc.gov.jo](mailto:spectrum@trc.gov.jo)

## 1. Applicant's

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone Number \_\_\_\_\_
- Fax number \_\_\_\_\_
- Web Address \_\_\_\_\_
- Nature of business \_\_\_\_\_
- E-mail Address \_\_\_\_\_

### Information about the owner of the real estate:

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

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

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**I HEREBY APPLY FOR** (Make an X in the appropriate box(es))

**1-New License**

**2-Renewal of my Licence\*** ( No need to fill the technical information)

**3-Amend My License**

Check one or more boxes that correctly describes the purpose of this Amend

<input type="checkbox"/>	request authority to add channel(s)
<input type="checkbox"/>	request authority to change channel(s)
<input type="checkbox"/>	request authority to increase EIRP by more than 1 dB in any direction
<input type="checkbox"/>	request authority to increase antenna radiation center height above ground
<input type="checkbox"/>	request authority to increase overall height of antenna structure
<input type="checkbox"/>	request authority to change antenna polarization
<input type="checkbox"/>	request authority to change transmitter emission type or bandwidth
<input type="checkbox"/>	change antenna horizontal radiation pattern
<input type="checkbox"/>	change azimuth of main horizontal lobe of radiation
<input type="checkbox"/>	add or change visual frequency offset
<input type="checkbox"/>	decrease EIRP
<input type="checkbox"/>	change antenna radiation center height
<input type="checkbox"/>	increase overall height of antenna above ground or building
<input type="checkbox"/>	decrease overall height of antenna structure
<input type="checkbox"/>	delete a channel(s)
<input type="checkbox"/>	Change my station call sign
<input type="checkbox"/>	Change my name on my license to my new name(Applicant's above)
<input type="checkbox"/>	Change of mailing Address to above address
<input type="checkbox"/>	correct erroneous information on license not involving a major change (submit an Annex if nature of correction(s) is not listed here).
<input type="checkbox"/>	other facilities changes, please specify (submit Annex explaining changes)

**Name:** \_\_\_\_\_.

**Former Name ( if Changed)** \_\_\_\_\_

**I certify that:** All statements and attachments are true, complete and correct to the best of my knowledge and belief and are made in good faith;

Date \_\_\_\_\_

Signed: \_\_\_\_\_

\* Renewal means to renew the current license without any changes.

<b>PURPOSE OF Applicant's OTHER APPLICATIONS PENDING (FOR TRC USE ONLY):</b>

<b>Previous Applications ( If applicable )</b>		
<b>Application Date</b>	<b>Application Result</b>	<b>Remarks</b>

<b>Current License Information ( If applicable )</b>							
<b>Type of License</b>	<b>License's Date</b>	<b>License's Current Status</b>					<b>Remarks</b>
		<b>Valid</b>	<b>Terminated</b>	<b>Expired</b>	<b>Revoked</b>	<b>Modified</b>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## 2. Technical Details

- Number of channels required: ( ) Channels.
- Bandwidth ( ).
- Telephony: Digital ( ) Analogue ( )
- Video: \_\_\_\_\_
- Data \_\_\_\_\_

### Preferred Frequency Pairs/ Band (s)

\_\_\_\_\_ -

## Sites

### Site A

### Site B

- Addresses \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Longitude \_\_\_\_\_
- Latitude \_\_\_\_\_
- Height of ground above sea level (Metres)
- \_\_\_\_\_
- \_\_\_\_\_
- Height of mast (metres)
- \_\_\_\_\_
- Type of mast (construction)
- \_\_\_\_\_
- Length of path between sites  
\_\_\_\_\_

### Transmitter

- Manufacturers name \_\_\_\_\_
- Equipment type \_\_\_\_\_
- Certification/type approval reference
- \_\_\_\_\_
- Output power (Watts)
- \_\_\_\_\_
- Channel Spacing
- \_\_\_\_\_

- TX/RX Separation \_\_\_\_\_
- \_\_\_\_\_

**Receivers**

- Manufacturer's name \_\_\_\_\_
- Manufacturer's type number \_\_\_\_\_
- Certification/ type approval reference \_\_\_\_\_

**Feeder**

Site A

Site B

- Length (metres) \_\_\_\_\_
- \_\_\_\_\_  
(A path profile is required)
- Losses (dB ) \_\_\_\_\_
- \_\_\_\_\_

**Antennas**

- Manufacturer's Name and type number \_\_\_\_\_
- \_\_\_\_\_
- Gain dB rel. to isotropic \_\_\_\_\_
- \_\_\_\_\_
- Beamwidth ( 3dB points ) \_\_\_\_\_
- \_\_\_\_\_
- Bearing of main beam (rel. to North ) \_\_\_\_\_
- \_\_\_\_\_
- Elevation of Main beam (degrees) \_\_\_\_\_
- \_\_\_\_\_

**Required Effective Radiated Power ( rel. to isotropic)**


\_\_\_\_\_

**Polarisation of emissions**

\_\_\_\_\_

**Characteristics of the transmitting antenna**

Maximum isotropic gain: dBi..... 3dB beamwidth.....

<p><b>Please give details of polarization configuration:</b></p> <p>Transmit: _____</p>	<p>Radiation Pattern:</p> <p>Attachment Number </p> <p>Please attach softcopy diagram and text file of the Radiation pattern.</p>
---	--

For each type of modulation indicate; total peak envelope power and power density per Hz supplied to the input of the antenna.

***All applicants submitting a model that has already been granted type approval by TRC, must abide to the following conditions:***

- A TRC Declaration form in [Annex 1](#) must be completed.
- A TRC Safety Declaration form in [Annex 2](#) must be completed.
- A TRC Emissions Declaration form in [Annex 3](#) must be completed
- Only equipment from the declared source of import is allowed to be marketed and sold in Jordan. The applicant will be required to re-apply for a new type approval if the source of import has changed.
- A letter or a proof from the declared source of import stating the models supplied to the applicant.

**Annex 1**

<b>Declaration</b> ** To be completed by all applications **
--

Please complete the rest of the application before signing this declaration

---

To the best of my knowledge and belief the particulars given in this document are correct and complete.

I have read the application notes, statements and conditions and will supply the necessary information (the attached) with my application.

I,(Name & Title) \_\_\_\_\_

Position in Company \_\_\_\_\_

For and on behalf of \_\_\_\_\_ (Name of Company) located at  
Address \_\_\_\_\_

Do solemnly and sincerely declare that the following telecommunication equipment:

Manufacturer \_\_\_\_\_ Model No. \_\_\_\_\_

imported from :

Company \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Contact Person (if possible) \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Complies with \_\_\_\_\_, and \_\_\_\_\_  
\_\_\_\_\_, and \_\_\_\_\_

Standards and shall ensure that only radio communications equipment from the above declared source will be marketed and or operated and/or sold in Jordan.

I shall re-apply for type approval if the source of the above radio communications is different from the one declared above.

***I further declare that the specimen(s) ( if requested by TRC ) offered for Type Approval test is/are representative of the product envisaged.***

\_\_\_\_\_  
Signature & Name for and on behalf of (Name of Company )

Date



**Annex 2**

**Safety Declaration**                      \*\* To be completed by all applications \*\*

I (We), Declare that I (We) have the safety test result relating to the radio communication equipment mentioned in this form as identified overleaf .

I (We) declare on my (our) sole responsibility that the radio communication equipment is in conformity with the following safety standard(s) and/or normative document(s) :

\_\_\_\_\_ , and \_\_\_\_\_  
\_\_\_\_\_ , and \_\_\_\_\_

<b>Telecommunications equipment information :</b>	
Manufacturer _____	Model No. _____
<b>imported from :</b>	
Company _____	
Address _____	
Country _____	

(Name & Title) \_\_\_\_\_

Position in Company \_\_\_\_\_

For and on behalf of \_\_\_\_\_ (Name of Company) located at  
Address \_\_\_\_\_

\_\_\_\_\_  
Signature & Name for and on behalf of

\_\_\_\_\_  
Date

### Annex 3

<b>Declaration</b> ** To be completed by all applications      **
---

Please complete the rest of the application before signing this declaration

---

I (We) declare on my (our) sole responsibility that the concerned product in this application is conformity with the following:

1. Any possible method should be done to enable the most efficient use of spectrum, such as Bandwidth expansion, amplitude modulation and single-sideband techniques.
2. Frequency tolerance of the center frequency used by the concerned product must comply with the ones specified in table1.
3. Maximum spurious emission power level from the concerned product should be within the range specified in table2.
4. Frequency tolerances and levels of unwanted emissions should be at the lowest value which the service permits.
5. In case of using Bandwidth-expansion techniques, power spectral density should be employed in such manner that ensures efficient use of the spectrum.
6. Technical parameters of the receiving station should be considered so as to comply with the class of emission concerned.
7. Interference caused by a transmitter located at a close distance from the receiver should be minimized using the appropriate performance characteristic & parameters.

\_\_\_\_\_  
Signature & Name for and on behalf of (Name of Company)

\_\_\_\_\_  
Date

PLEDGE

I, the undersigned, acknowledge that to the best of my ability I have fully read and understood all the terms and conditions in this application form and completed it accurately.

Applicant's Name

Signature

Date

-----

-----

-----

Application received by

Name:

Signature:

Date:

\_\_\_\_\_ :

Company Stamp \_\_\_\_\_

## Declaration

I certify that the information on the form, and any other information given in support of this application, is correct to the best of my knowledge.

Signed \_\_\_\_\_

Name (BLOCK LETTERS ) \_\_\_\_\_

Position in Company \_\_\_\_\_

Date \_\_\_\_\_

This application form is intended to provide TRC with all the necessary information needed for evaluation purposes. Any item , phrase condition ,statement ...etc indicated in this application will not considered as obligatory for TRC if it is not fully comply with the TRC's relevant regulations, instructions and rules currently adopted by TRC or are not based on an official statement by TRC . In any case any of these information ( items, phrases , conditions, statements...etc) indicated in the application or provided by the applicant are obligatory to the applicant but not for the TRC.

**Return this application form to: -**

**Telecommunications Regulatory Commission  
Radio Spectrum Management Department  
Amman**

Tel. (962-6)-5862020  
Fax (962-6)-5863641/42  
P.O. Box: 850967  
Amman 11185 Jordan

Directions:  
Seventh Circle, Ibrahim El-Bajori Street  
<http://www.trc.jo>  
[E-mail: trc@trc.jo](mailto:trc@trc.jo)  
[spectrum@trc.jo](mailto:spectrum@trc.jo)