LESOTHO COMMUNICATIONS AUTHORITY Form 11



Application for Amateur Radio Station Licence Physical Address : 30 Princess Margaret Road, Old Europa, Maseru Tel. + 26622326784/22224300

Postal Address: LCA, P.O. Box 15896, Maseru 100 e-mail licensing@lca.org.ls

Note: This form shall be completed by a person who has been duly authorised in writing to act as a representative of the Licensee¹. Any information requested which does not fit in the form may be included in an appendix to this form. You are advised to fill in **all the information** to avoid delays in the processing of your application.

1. PARTICULARS OF AN APPLICANT
1.1 PERSONAL PARTICULARS
Full Name of an applicant
Physical Address
Postal Address
Telephone Number
e-mail
1.2 State legal form of applicant e.g. company, trust, other
1.3 If registered, office of registration
1.4 Registration No
1.5 Date of registration
1.6 Purpose for which the proposed communication is required
1.7 Do you hold any other licence issued by the Authority?
If yes : what type of licence
Licence Number and date of issue
1.8 Category of licence required: Restricted $\ \square$ General $\ \square$

¹ Attach certified ID/passport copy of the Director or authorized representative of the licensee.

1.9 Desired call:	sign							
2. EQUIPMENT AND TYPE MANUFACTURER								
- CODE								
MODEL								
POWER (W)		PEAK ENVELOPE	TYPE OF EMISSION					
3. ANTENNA PARTICULARS								
b.	Mast height above ground (m)							
c.	C. Polarization							
d.	d. Radiation pattern							
e.	e. Azimuth							
f.								
g.	g. Beam with (degrees)							
h.	h. ITU-R antenna ref							
OTHER ANTENNA INFORMATION								
4 OTHER INFORMATION Attach certified copies of other amateur licences issued by other countries								
5. ACKNOWLEDGEMENT								
6.1 The applicant acknowledges the statements in this form and accompanying documents s are true and correct.								
Signature								
Full names of sig	natory	Name of a	nnlicant					
		Name of a	pplicalit					