

5. Billing address

- 5.1 Contact person: Telephone number:
5.2 E-mail address: Departement:
5.3 Internal reference: (e.g. PO number)
5.4 Yes, I wish to receive an electronic bill at the following e-mail address:

To fill in only if the address is different from the one in point 3

- 5.5 Street: Number: Box:
5.6 Postal code: Municipality: Country:

6. Modifications

File number:

Former data

New data

Registered company name:

Name of the company:

Address of the registered office

Network administrator, name,
address, telephone, e-mail...

Billing: address, contact person,
e-mail...

Modification e-mail
address electronic billing

7. Parameters

- 7.1 Network outside inside
7.2 Frame UTC¹ as time reference and other
DDDSU frame²
7.3 Bandwidth
20 MHz 40 MHz (a clear report justifying spectrum requirements must be attached)

7.4 An ASCII file with the requested service area (polygon)³ must be attached.

A document proving the link between the applicant and the area covered by the authorisation must be attached.

¹ In accordance with Recommendation ITU-R TF.460 of the International Telecommunication Union. Accuracy must be plus or minus 1.5 µs.

² Subcarrier spacing 30 kHz, 1 frame of 10 ms (20 slots) : DDDSU DDDSU DDDSU DDDSU with S = NR slot format #32 (10:2:2).

³ One line for each vertex of the polygon (the vertices must be listed in order, clockwise or anti-clockwise). For each line (vertex), enter the longitude and latitude (in degrees, to at least the fifth decimal place) separated by a semi-colon [;]. Use the full stop [.] as a decimal separator.

8. PLMN ID's

- 8.1 Two PLMN ID's are planned for private local networks: 206 90 and 206 91.
- 8.2 It is also possible to use PLMN ID's 999 AB (AB to be chosen) and to notify the BIPT of this use by ticking this box and indicating the chosen AB:
- I declare that the network will use PLMN ID 999 (to be completed)
- 8.3 All other requests may be addressed to numbering@ibpt.be

9. Declaration and signature

- 9.1 - **I hereby declare that this application form is complete and true.**
- **I accept that any application for authorisation will give rise to the payment of an administrative fee to cover the costs of reviewing the application.**
 - **I accept that any request to modify a file shall give rise to the payment of an amount equal to half the administrative fee.**
 - **I am authorised and/or mandated to sign the authorisation application (if mandated, please add a certificate issued by the owner of the radio communications network).**
- 9.2 **Incomplete or unsigned applications shall not be processed; the BIPT cannot be held responsible for any damaging delays that may occur as a result of this.**

9.3 Name of the signatory:

9.4 Position of the signatory:

9.5 Date: Place:

9.6 Signature:

Warning: if you sign this document electronically, you will not be able to modify it afterwards and you must save it on your computer. You can send it back to us by e-mail together with the annexes.

You may sign this document with a digital signature. A digital identification is required.

You can also print this form, sign it and send it together with the annexes by post or e-mail at the following address: licencesradio@ibpt.be.

Postal address:

**Belgian Institute for Postal Services and Telecommunications
Licences Department
Allianz Tower
Boulevard du Roi Albert II 32 Box 10
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