

Ofcom application form Of552

# Application Form for a Spectrum Access Offshore Mobile Licence

1. Before filling out this form, please read these notes.
2. All fields are mandatory unless stated otherwise.
3. Please use BLOCK CAPITALS and black ink throughout this form.
4. Incomplete or illegible applications may result in delays and/or the application form being returned.
5. All fields are mandatory unless otherwise stated.
6. The quickest way to pay your licence fees is online using a debit or credit card:  
<https://secure.ofcom.org.uk/payments>  
Payments by this method are limited to £5,000.
7. Payments must include all bank charges. In the event that Ofcom does not receive full payment, it will return any partial payments received.
8. After a licence is granted, it is the licensee's responsibility to ensure that the contact details held by Ofcom are accurate and to inform Ofcom immediately of any change to those details.
9. Ofcom recommends that you do not commit to purchasing or installing equipment until you receive your licence.
11. The Wireless Telegraphy (Licence Charges) Regulations set out the fees for licences to use radio equipment issued under the Wireless Telegraphy Act.
12. Annual charges need to be paid by the date specified, otherwise enforcement action may be taken.
13. **How we use your data**  
We require this information in order to carry out our licensing duties under the Wireless Telegraphy Act.  
Please see Ofcom's General Privacy Statement for further information about how Ofcom handles your personal information and your corresponding right:  
[www.ofcom.org.uk/about-ofcom/foi-dp/general-privacy-statement](http://www.ofcom.org.uk/about-ofcom/foi-dp/general-privacy-statement)

## A Customer details

**A.1** If you are an existing licensee please provide your customer reference number and go to question 4. If not, go to question 2.

**A.2 Who is the licence to be issued to?**

A licence can only be issued to a legal entity. Ofcom recognises the following types of entity. Please tick the relevant box:

<input type="checkbox"/> individual or sole trader	<input type="checkbox"/> public body	<input type="checkbox"/> NHS England and Wales
<input type="checkbox"/> partnership	<input type="checkbox"/> local government	<input type="checkbox"/> NHS Scotland NHS
<input type="checkbox"/> limited company/plc	<input type="checkbox"/> registered charity	<input type="checkbox"/> Northern Ireland
<input type="checkbox"/> unincorporated association	<input type="checkbox"/> university/educational	<input type="checkbox"/> religious body
<input type="checkbox"/> government	<input type="checkbox"/> non UK company	
<input type="checkbox"/> crown body	<input type="checkbox"/> non UK govt/administration	

**Individual or sole trader**

Full name

**Partnership**

Full name

NB: For a partnership, please give the full name of one partner (who must also sign the declaration on page 5) and supply a list of the full names of all other partners in the declaration.

**Limited or public limited company/Incorporated association**

Name  Company registration no.

**Registered charity**

Name  Charity registration no.

**Other legal entity**

Name  Registration no. (where applicable)

**A.3** If your organisation is a registered charity, does it have as its object the safety of human life in an emergency?

Yes

No

**A.4 Licensee name and address** (use registered address unless you specifically want an alternative)

Name

Address

Postcode

Tel

Fax

E-mail

Please indicate your communication preference:  E-mail  Letter

**A.5** Company or partnership trading name

**A.6 Licensee contact name and address**  
(where different from above)

Name

Address

Postcode

Tel

Fax

E-mail

Please indicate your communication preference:  E-mail  Letter

**A.7 Contact name and address for payments or account queries** (where different)

Name

Address

Postcode

Tel

Fax

E-mail

Please indicate your communication preference:  E-mail  Letter

**A.8 If you are applying via a third party** (e.g. radio supplier, consultant etc) **please complete the following:**

I/we authorise the following company to apply for this licence on my our behalf:

Name

Address

Postcode

Tel

Fax

E-mail

I/we would like a copy of the licence to be sent to our radio dealer/supplier

Please indicate your communication preference:  E-mail  Letter

## B Payment details

**Please do not send payment until you receive an invoice from Ofcom**

Ofcom accepts the following payment methods:

- Direct Debit (This option is not available for new applications, unless you have an existing direct debit agreement in place with Ofcom for the payment of other current live licence fees)
- BACS or CHAPS payment
- Credit or debit card
- Cheque (payable to Ofcom)

**Why Ofcom cannot quote purchase order numbers on invoices**

The grant of a licence by Ofcom is made pursuant to statutory powers and does not constitute the sale of a product or service.

**New Application Payment Terms**

If no payment is received before the due date specified in your invoice, Ofcom may consider that your application has been cancelled and you will have to reapply.

## C Base station details

**C.1 Site location** (choose one of the following possibilities to input the data)

**GB National Grid Reference**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 letters		3 figure Easting		3 figure Northing	

**OR**

**Latitude**

<input type="text"/>	<input type="text"/>	°N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Longitude**

<input type="text"/>	<input type="text"/>	°E/W	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(circle E or W as appropriate)						

**C.2 Site address**

Address

<input type="text"/>
<input type="text"/>
<input type="text"/>

**C.3 Site contact name and address**

Name

Address

Postcode

Tel

Fax

E-mail

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**C.4 What is the requested frequency of operation**

Base station type

Direction/Separation

Class of emission

Maximum power (eirp)/ Maximum power within the Permitted Frequency Blocks requested

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**If there is more than one base station then additional site details should be provided on a separate sheet of paper in the same format and attached with this application.**

## D Declaration

I understand and accept that:

- Ofcom may use or share my information to help:
  - a) issue, amend, validate and/or surrender a Wireless Telegraphy Act licence;
  - b) maintain and publish a register of licences under the Wireless Telegraphy Act;
- Ofcom will not give anyone my information except:
  - a) where Ofcom have my permission; or
  - b) where Ofcom are required or permitted to do so by law; or
  - c) to other companies or organisations who provide a service to Ofcom or me;
- Ofcom may transfer my information to other countries. If Ofcom does this you will ensure that anyone to whom Ofcom pass it provides an adequate level of protection;
- It is an offence to knowingly make a false statement in support of this application and may lead to the licence being refused or revoked as well as to possible prosecution under the Wireless Telegraphy Act.

Signature of applicant  For self and partners (tick if applicable)

Date of application  Full name

Position in organisation

- Partnerships must be applied for by one partner signing 'for self and partners'. A director or authorised person must sign for public limited companies, limited companies and other legal entities.

Print name	<input type="text"/>	Signature
Print name	<input type="text"/>	Signature
Print name	<input type="text"/>	Signature
Print name	<input type="text"/>	Signature

- If the number of partners exceeds the above space then additional partner details should be provided on a separate sheet of paper in the same format and attached with this application.

## E Where to send this application

Please send your completed application form to:

**Ofcom**  
**FAO Spectrum Licensing**  
**PO Box 1285**  
**Warrington**  
**WA1 9GL**

E-mail [spectrum.licensing@ofcom.org.uk](mailto:spectrum.licensing@ofcom.org.uk)  
Telephone **020 7981 3131**