

**APPENDIX A**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Fixed Service Application Form**



## Suruhanjaya Komunikasi dan Multimedia Malaysia

Malaysian Communications and Multimedia Commission

MCMC Tower 1, Jalan Impact, Cyber 6

63000 Cyberjaya, Selangor Darul Ehsan

Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (FIXED SERVICE)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):			
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Call sign:

Application Fee  
**RM60**  
per application

*To be used when applying for fixed service apparatus assignment(s) except for earth station*

#### 1. CLIENT INFORMATION

Organisation name:					
Applicant name:					
Business/Residential address:					
Town / State:		Postal code:			
Billing address: (if different from above)		Postal code:			
Telephone (office/home):		Fax:		E-mail:	
Contact person:		Company/ Business reg. no.:			
Nature of business:		IC no.:			

#### 2. APPLICATION INFORMATION

Proposed use of system / System description:					
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#### 3. GEOGRAPHIC AREA INFORMATION

Location name:					
Site address:					
Town / State:		Postal code:			
Apparatus name:					
Latitude (°N):		Longitude (°E):			
Ground elevation: (metres above mean sea level)					
Structure height (m):					
Building height (m):					
Transportable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radius of operation (km):		

#### 4. FREQUENCY INFORMATION

Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Bandwidth (MHz):		Emission:	
Communication desired with:			
Coverage radius (km):		No. of terminals:	

**5. COVERAGE & LINK INFORMATION**

Center of coverage area:	Latitude (°N):		Longitude (°E):	
Radius (km):				
Link name (MAIN):	Auxiliary link point #1:			
	Auxiliary link point #2:			
	Auxiliary link point #3:			
	Auxiliary link point #4:			

*Note: If necessary, please attach a Single Line Diagram (SLD) together with the form.*

**6. ANTENNA INFORMATION**

Manufacturer and model:				
Antenna gain (dB):		Polarization (vertical, horizontal etc):		
Azimuth of main beam (0°-omni, 360°- directional north):		Beamwidth (°):		
Elevation angle (°):		Height above ground (m):		
Antenna displacement (m): <i>For antenna farm only</i>		Latitude (°N):		Longitude (°E):

**7. APPARATUS INFORMATION**

Manufacturer (Transmitter):		Model (Transmitter) / Serial no.:	
Manufacturer (Receiver):		Model (Receiver) / Serial no.:	
Transmitter power (watts):		Type approval no.:	
Transmission line length (m)		Line type (RG8, RG213 etc):	

**8. FILTER INFORMATION**

Manufacturer/Model:			
Insertion loss (dB):		Tuned frequency (MHz):	
Manufacturer/Model:			
Insertion loss (dB):		Tuned frequency (MHz):	

*Note: If necessary, please attach Technical Specifications & Brochure for items 6 (antenna pattern), 7 and 8 together with the form.*

**9. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

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**10. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date:	Date assignment is issued OR Date required _____ (Please state the date)
Period (from 3 months to 1 year):	

**11. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

**FOR MCMC USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	
Spectrum Plan checked:	

## INSTRUCTIONS ON COMPLETING THE FORM

### 1. INTENT

- 1.1 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) FIXED SERVICE FORM.
- 1.2 The FIXED SERVICE FORM is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of fixed service apparatus:-
- |   |   |
|---|---|
| 1) <i>Earth Station (2.4 meter and above)</i> | 5) <i>Land Station (30MHz up to 3GHz)</i> |
| 2) <i>Experimental Station</i>                | 6) <i>Land Station (more than 3GHz)</i>   |
| 3) <i>Fixed Station</i>                       | 7) <i>Press Receiving Station</i>         |
| 4) <i>Land Station (less than 30 MHz)</i>     |   |
- 1.3 Please complete one FIXED SERVICE FORM per station. A station is defined as being one or more transmitters, receivers, or a combination of both belonging to a single application at a location identified by one set of geographical coordinates.
- 1.4 Application Fee is **RM 60.00** per application.
- 1.5 The applicants are requested to submit the annual fee associated with the services of which you are applying along with the application. Assignments will not be issued until full payments of all appropriate fees have been received.
- 1.6 Cheques, postal orders or money orders should be made payable to the “**Suruhanjaya Komunikasi dan Multimedia Malaysia**” or by online payment through MCMC’s website at [www.mcmc.gov.my](http://www.mcmc.gov.my).
- 1.7 Print clearly – illegible, unclear or incomplete application forms may delay processing.

### 2. PROCEDURES

Each application contains 12 sections which can be selected according to the services.

<i>Section 1</i>	<i>for client information</i>	<i>Section 7</i>	<i>for apparatus information</i>
<i>Section 2</i>	<i>for application information</i>	<i>Section 8</i>	<i>for filter information</i>
<i>Section 3</i>	<i>for geographic area information</i>	<i>Section 9</i>	<i>for comments and remarks</i>
<i>Section 4</i>	<i>for frequency information</i>	<i>Section 10</i>	<i>for validity date and period</i>
<i>Section 5</i>	<i>for coverage &amp; link information</i>	<i>Section 11</i>	<i>for the applicant's certification &amp;</i>
<i>signature</i>			
<i>Section 6</i>	<i>for antenna information</i>		

#### 2.1 New Apparatus

If the application is for a new station, i.e. the applicant does not already have licensed transmitters or receivers at the location, please indicate this by checking the “New apparatus” box. NOTE: If the client has existing license(s) / assignment(s), then the client ID number field should be completed to assist MCMC staff in locating the applicant’s information.

#### 2.2 Change to Existing Apparatus Assignment

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the “Existing apparatus” box, entering the client ID number, the assignment number, and the callsign, found on the existing license/assignment, in the appropriate fields on the form.

#### 2.3 Client Information

This section requests particular information on the applicant (individual, business or company).

##### 2.3.1 Addresses

Please indicate your Business / Residential address for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.

2.3.2 Contact

This section informs MCMC now on how and who to contact for more information on the application to avoid any delay.

2.4 Application Information

This section requests information on the proposed use of the apparatus or system and a brief description of the actual system. If more space is required, please provide attachment.

2.5 Geographic Area Information

The information requested in this section pertains to the physical characteristics of the location of the apparatus.

2.6 Frequency Information

Please enter the frequency on which communications are desired.

2.6.1 Bandwidth and Emission

Please complete the necessary bandwidth and emission of the transmitter equipment. This data may not be readily available, in which case the applicant should contact its supplier.

2.7 Coverage and Link Information

This section requests the applicant to complete the appropriate fields depending on the type of system for which the applicant is applying, e.g. Broadcasting station communicating with another Broadcasting station. Broadcasting station communicating with mobile stations, etc. All fields should be completed if the system is a combination of the fixed and mobile stations. Please attach a Single Line Diagram (SLD) of the system if necessary.

2.8 Antenna Information

Please provide information on the make, model of the antenna as well as the technical characteristics such as the gain (referenced to a half-wave dipole or quarter-wave whip), polarization employed (vertical, horizontal, etc.), the direction from true north of the main beam (north=360, east=90, south=180, west=270, etc) if the antenna is directional, the elevation angle (level=0), and the height of the antenna above the ground.

2.9 Apparatus Information

Please provide information on the make, model and serial number of the transmitter, receiver, or transceiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment.

2.10 Filter Information

This section is to be completed only when the applicant is planning to install any ancillary devices such as band-pass filters, band-pass/band reject duplexers, isolators, multi-couplers, etc. in the transmission line between the transmitter/receiver and the antenna. Please provide information on the make, model, insertion loss, and the frequency to which the device is to be tuned. The field for the tuned frequency may be left blank. A diagram showing the system layout from the transmitter/receiver to the input of the antenna should be included with the application to assist MCMC in determining the system configuration. Please attach technical specifications and brochure of the equipment.

2.11 Comments /Remarks

Please provide details of your existing license/assignment under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachments.

2.12 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated. The name and I.C. number of the signatory should be PRINTED clearly where indicated, and the business or company chop should be placed at the bottom of the page.



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**SUMMARY OF APPLICATION FOR APPARATUS ASSIGNMENT(S) FOR E-SPECTRA  
(FIXED SERVICE)**

Client ID		Client Reference	
Client Name			
Type of application:	<input type="checkbox"/> New Application	<input type="checkbox"/> Variation	<input type="checkbox"/> Certified True Copy
Payment Details	<input type="checkbox"/> Cheque <input type="checkbox"/> Postal Order <input type="checkbox"/> e-Payment <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card Payment Reference No.: _____	Amount (RM)	

No.	Application Ref. No. (e-SPECTRA)	Remarks / Justification (if any)	For variation, please specify the type of variation (station name, frequency, bandwidth, equipment, antenna)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

**APPENDIX B**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Fixed Service: Earth Station Application Form**





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Malaysian Communications and Multimedia Commission

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Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (FIXED SERVICE: EARTH STATION)

Application  
Fee  
RM 60  
Per  
Application

<input type="checkbox"/> New apparatus	<input type="checkbox"/> Type of apparatus (Please refer to instructions):				
<input type="checkbox"/> Existing apparatus	Client ID No.:	Assignment No.(s):	Call sign:		

*To be used when applying for satellite earth station apparatus assignment(s)*

#### 1. CLIENT INFORMATION

Organization Name:					
Applicant Name:					
Business / Residential Address:					
Town / State:		Postal Code:			
Billing Address: (if different from above):		Postal Code:			
Telephone (office/home):		Fax:		E-mail:	
Contact Person:		Company / Business Reg. No.:			
Nature of Business:		IC No.:			

#### 2. APPLICATION INFORMATION

Proposed Use of System / System Description:					
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#### 3. GEOGRAPHIC AREA INFORMATION

Location Name:					
Site Address:					
Town / State:					
Postal Code:					
Apparatus Name:					
Latitude / Longitude (°N/°E):					
Ground Elevation: (meters above mean sea level):					
Structure Height (m):					
Building Height (m):					
Transportable:	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

#### 4. TECHNICAL INFORMATION - EARTH STATION

Class of Earth Station:					
Modulation Type:	<input type="checkbox"/> Analog		<input type="checkbox"/> Digital		
Operating Azimuth:	Upper Limit:				
	Lower Limit:				

Receiver Reference: Bandwidth (kHz):	
Receiver Noise Temps (K):	
Coordination Area Diagram :	
Note: If necessary, please provide additional attachment together with this form.	
<b>A. FREQUENCY INFORMATION</b>	
Desired Transmit Frequency (MHz):	
Desired Receive Frequency (MHz):	
Bandwidth (MHz):	
Designation of Emission:	
<b>B. ANTENNA INFORMATION</b>	
Antenna Diameter:	
Polarization:	
Radiation Pattern:	
Manufacturer and Model:	
Antenna Gain (dB):	
Azimuth of Main Beam:	
Beamwidth (°):	
Elevation Angle (°):	
Height Above Ground (m):	
Antenna Displacement (m): (For antenna farm only):	
Latitude / Longitude (°N/°E):	
<b>C. APPARATUS INFORMATION</b>	
Transmitter Manufacturer:	
Transmitter Model / Serial No:	
Transmitter Power (watts):	
Receiver Manufacturer:	
Receiver Model / Serial No:	
Type Approval No:	
Transmission Line Length (m):	
Line Type (RG8, RG213 etc):	
<b>5. TECHNICAL INFORMATION - ASSOCIATED SPACE STATION</b> (Information from Satellite Provider)	
<b>A. GSO</b>	
Name of Associated Space Station:	
Operational Satellite Network: (ITU filing name):	
ITU (BRIFC) Special Section Reference Number:	
Orbital Position (°E /°W):	
Beam Designation:	
Transmit Gain (dB):	
Power Flux Density (dBW/m <sup>2</sup> ):	

Or **B.NGSO**

Name of Associated Space Station:	
Operational Satellite Network: (ITU filing name):	
ITU (BRIFC) Special Section Reference Number:	
Inclination Angle ( ° ):	
Apogee (km):	
Perigee (km):	
Beam Designation:	
Transmit Gain (dB):	
Power Flux Density (dBW/m <sup>2</sup> ):	

**6. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF YES, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

--

**7. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD**

Date:	Date assignment is issued OR
	Date required _____ (please state the date)
Period (from 3 months to 1 year):	

**8. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE; THE APARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA**

Signature:		Date:	
Name of Signatory:		I.C No.:	
Business / Company stamp:			

**FOR MCMC USE ONLY**

Fee Paid:	
Cheque or Bank in Slip No.:	
Receipt No. / Date:	
Spectrum Plan Checked:	

## **EXPLANATORY NOTE FOR COMPLETING THE APPARATUS ASSIGNMENT APPLICATION FORM FOR SATELLITE EARTH STATION (E/S)**

### **1. INTRODUCTION**

This Explanatory Note is to guide the applicant in completing the Apparatus Assignment(s) for Satellite Earth Station Application Form.

The satellite earth station form is to be completed by the applicant and submitted to the MCMC office for the Earth station apparatus: -

Please complete SATELLITE EARTH STATION FORM (please refer to note \*) for each antenna. Application Fee is **RM 60.00** per application. The applicants are requested to submit the annual fee associated with the each station being applied. Assignment will not be issued until full payments of all appropriate fees have been received.

Cheque or money orders should be made payable to:

**"SURUHANJAYA KOMUNIKASI DAN MULTIMEDIA MALAYSIA"**

### **2. DETAIL INSTRUCTION FOR FILLING OUT NOTICE FORMS**

The instructions for filling out the individual data items on SATELLITE EARTH STATION FORM (please refer to note \*) are given below:

**\*Note:**

If the application is for a new station, i.e. the applicant does not have any licensed transmitters or receivers at the location, please indicate this by checking the **"New apparatus"** box. Note: If the client has existing license(s) /assignment (s), then the client ID number field should be completed to assist MCMC staff in locating the applicant's information.

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the "Existing apparatus" box, entering the client ID number, the assignment number, and the call sign, found on the existing license(s) / assignment(s), in the appropriate fields on the form.

### 3. CLIENT INFORMATION

This section requests particular information on the applicant (individual, business or company). Please indicate your Business / Residential address for Assignment and other correspondence. Please indicate if a separate address is needed for all billing correspondences. This section will provide MCMC with contact information:-

Item	Data Name	Description(s)
3.1	Organization name:	Name of the operating company or agency;
3.2	Applicant Name:	Name of the person responsible for this application;
3.3	Business/ Residential Address:	Address of the operating agency;
3.4	Company/ Business Reg. No:	Registration number of the company;
3.5	Contact Person:	Applicant contact person;
3.6	Nature of Business:	Type of business.

### 4. APPLICATION INFORMATION

This section requests information on the proposed use of the apparatus or system and a brief description of the actual system. If more space is required, please provide attachment.

### 5. GEOGRAPHIC AREA INFORMATION

The information requested in this section pertains to the physical characteristic of the location of the apparatus:-

Item	Data Name	Description(s)
5.1	Location Name:	Location of Earth station(E/S);
5.2	Site address:	Postal address of the Earth Station site;
5.3	Apparatus Name:	Name of the apparatus (name of the Earth Station);
5.4	Earth Station Latitude/ Longitude:	Geographical position of the Earth Station( $^{\circ}$ N/ $^{\circ}$ E);
5.5	Ground Elevation:	The elevation above mean sea level of the ground at the site of the Earth Station (m)
5.6	Structure High:	The height of the antenna structure(m);
5.7	Building High:	The high of the building (m);
5.8	Transportable:	Either Earth Station is transportable or not.

## 6. TECHNICAL INFORMATION - EARTH STATION

The information requested in this section pertains to the physical characteristic of the location of the apparatus:-

Item	Data Name	Description (s)
6.1	Class of Earth Station:	Indicate the appropriate class of station and the nature of service;
6.2	Modulation Type:	<p>A code indicating how the information carried by the signal is encoded on to the carrier frequency as follows:-</p> <p>AM-SSB-TV- Amplitude Modulation SSB-TV            AM-VIDEO- Amplitude Modulation Video (Audio Sub-Carrier)            ASK- Amplitude Shift Keying            DAV- Data Above Voice            DIV- Data in Voice            DUJ- Data Under Voice            FDM- Frequency Division Multiplex- Frequency            FM- Modulation            FM Video- Frequency Modulation Video            FSK- Frequency Shift Keying            MSK- Minimum Shift Keying            OQPSK- Offset Quadrature Phase Shift Keying            PSK- Phase Shift Keying            QAM-Quadrature Amplitude Modulation            QPR- Quadrature Partial Response            QPRS- Quadrature Partial Response Signaling            QPSK-Quadrature Phase Shift Keying</p>
6.3	Operating Azimuth:	An angle measured from true north in which the direction of the maximum radiation of the antenna points.
6.4	Receiver reference bandwidth:	The frequency bandwidth that receiver use as the reference in kHz
6.5	Receiver Noise temperature:	The total receiving system noise temperature(K);
6.6	Coordination area diagram station	<p>Please provide the attachment number in the box and the earth coordination diagrams. The diagrams shall be drawn to an appropriate scale and indicating as follows:-</p> <p>a. Both transmission(Tx) and reception(Rx);</p> <p>b. The location of earth station and its associated coordination areas;</p> <p>c. The coordination area relate to the service area which it is intended to operate the mobile earth station.</p>

## 6. A. FREQUENCY INFORMATION

Please enter the frequency on which communications are desired.

Item	Data Name	Description (s)
6.A.1	Desired Transmit Frequency:	The desired frequency of the transmitting station (MHz);
6.A.2	Desired Receive Frequency:	The desired frequency of the receiving station (MHz);
6.A.3	Bandwidth:	The width of a frequency band which is required (MHz);
6.A.4	Designation of emission:	Emissions shall be designated according to their necessary bandwidth and their classification in accordance with the method described by ITU Radio Regulation in Appendix 1 of Volume 1.

## 6. B. ANTENNA INFORMATION

Please provide information on the make and model of the antenna as well as its technical characteristic, the elevation angle (level=0), and the height of the antenna above the ground: -

Item	Data Name	Description(s)
6.B.1	Antenna Diameter:	Diameter of the antenna(m);
6.B.2	Polarization:	The polarization of the radio wave:- H-Horizontal, V-Vertical;
6.B.3	Radiation Pattern:	The assignments associated with the beam are to a space station on board a geostationary satellite and the antenna beam is directed towards another satellite;
6.B.4	Manufacturer and model:	Detail description about manufacturing and model data of the equipment;
6.B.5	Antenna gain:	The ratio of the maximum radiation to that of a reference antenna for equal power(dB);
6.B.6	Azimuth of main beam:	Horizontal angle of main beam area;
6.B.7	Beam width:	The total beam width of the mean half-power points of the main lobe, express in decimal degree(°);
6.B.8	Elevation Angle:	Antenna elevation of the antenna in maximum radiation direction (°);
6.B.9	Antenna Displacement:	For antenna farm only(m);
6.B.10	Latitude/ Longitude	The geographical position of the antenna (°N/ °E).



## 6. C. APPARATUS INFORMATION

Please provide information on the make, model and serial number of the transmitter, receiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment: -

Item	Data Name	Description (s)
6.C.1	Transmitter Manufacturer:	The manufacturer of the equipment;
6.C.2	Transmitter Model/ Serial No:	Model and serial number of the transmitter;
6.C.3	Transmitter Power:	The rated power of the transmitter in Watt
6.C.4	Receiver Manufacturer:	The manufacturer of the equipment;
6.C.5	Receiver Model/ Serial No:	Model and serial number of the receiver;
6.C.6	Type Approval No:	Approval no.;
6.C.7	Transmission line length:	The length of the transmission line(m);
6.C.8	Line type:	Type of line (R68, R6213 etc)

## 7. TECHNICAL - ASSOCIATED SPACE STATION

### 7. A. GEOSTATIONARY SATELLITE ORBIT (GSO)

Item	Data Name	Description(s)
7.A.1	Name of Associated Space Station:	Indicate the name of the associated space station with which communication is to be established;
7.A.2	Operational Satellite Network: (ITU filing name):	The name of the satellite that is operating according to ITU filing name;
7.A.3	ITU (BRIFC) Special Section Reference Number:	The reference and the number of the Special Section of the Weekly Circular in which any other request for coordination was published (BRIFC). This information can be obtained from the Space Satellite provider;
7.A.4	Orbital Position:	The nominal longitude of the orbital position of the satellite expressed in decimal degrees E( $^{\circ}$ E) or W( $^{\circ}$ W) ( the values should not exceed $180^{\circ}$ );
7.A.5	Beam Designation:	The beam designation of associated space station;
7.A.6	Transmit Gain:	The gain of the transmitted power of satellite in dB;
7.A.7	Power Flux Density:	The appropriate sign (+ or -) followed by the value of the power density per square meter (dBW/m <sup>2</sup> ).

## 7. B. NON-GEOSTATIONARY SATELLITE ORBIT (NGSO)

Item	Data Name	Description(s)
7.B.1	Name of Associated Space Station:	Indicate the name of the Associated Space Station with which communication is to be established;
7.B.2	Operational Satellite Network: (ITU filing name):	The name of the satellite that is operating according to ITU filing name;
7.B.3	ITU(BRIFC) Special Section Reference Number:	The reference and the number of the Special Section of the Weekly Circular in which any other request for coordination was published (BRIFC). This information can be obtained from the Space Satellite provider;
7.B.4	Inclination Angle:	The equatorial plane of the earth( $^{\circ}$ );
7.B.5	Apogee:	The relevant altitude of the apogee in kilometers (km) above a specified reference surface serving to represent the surface of the Earth or of the reference celestial body;
7.B.6	Perigee:	The relevant altitude of the perigee, expressed in kilometers (km) above a specified reference surface serving to represent the surface of the Earth or of the reference celestial body;
7.B.7	Beam Designation:	The beam designation of associated space station;
7.B.8	Transmit Gain:	The gain of the transmitted power of satellite in dB;
7.B.9	Power Flux Density:	The appropriate sign (+ or -) followed by the value of the power density per square meter (dBW/m <sup>2</sup> ).

## 8. COMMENTS/ REMARKS

Please provide details of your existing license/assignment under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachment.

## 9. CERTIFICATION AND SIGNATURE

Please **READ CAREFULLY** the certification, sign and date the form where indicated. The name and I.C number of the signatory should be PRINTED clearly where indicated, and the business or company stamp should be placed under the bottom of the page.

References: Refer to Radio Regulations of the ITU, provision of the Communications and Multimedia (Spectrum) Regulations 2000 and its Amendment 2001.

**APPENDIX C**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Radiodetermination Service Application Form**



## Suruhanjaya Komunikasi dan Multimedia Malaysia

Malaysian Communications and Multimedia Commission

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Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (RADIODETERMINATION SERVICE)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):				Application Fee <b>RM60</b> per application
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Callsign:	

*To be used when applying for radiodetermination service apparatus assignment (s)*

#### 1. CLIENT INFORMATION

Organisation name:					
Applicant name:					
Business / Residential address:					
Town / State:			Postal code:		
Billing address: (if different from above)				Postal code:	
Telephone (office/home):		Fax:		E-mail:	
Contact person:				Company/ Business reg. no.:	
Nature of business:				IC no.:	

#### 2. APPLICATION INFORMATION

Proposed use of system / System description:					
--	--	--	--	--	--

#### 3. GEOGRAPHIC AREA INFORMATION

Location name:					
Site address:					
Town / State:			Postal code:		
Apparatus name:		Ground elevation: <i>(metres above mean sea level)</i>			
Geographic area of operations:		Coverage radius (km):			
Centre of area of operations Latitude (°N):	-- ° -- ' -- "		Longitude (°E):	-- ° -- ' -- "	
Structure height (m):		Building height (m):			

#### 4. FREQUENCY INFORMATION

Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Bandwidth (MHz):		Emission:	

**5. APPARATUS INFORMATION**

Manufacturer (Transmitter):		Model (Transmitter) / Serial no.:	
Manufacturer (Receiver):		Model (Receiver) / Serial no.:	
Transmitter power (watts):		Type approval no.:	

**6. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

--

**7. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date:	Date assignment is issued OR Date required _____ (Please state the date)
Period (from 3 months to 1 year):	

**8. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

Note: Please enclose the following:

1. A letter using the company, agency or organization's letter head and describe the purpose of application and its usage;
2. Copy of applicant's identification card;
3. Certified true copy of the company registration (for non-government applicant only);
4. Equipment technical specification such (as equipment product brochure or pamphlet); and
5. A copy of approval letter from DCA on the use of frequency for Non-Directional Beacon (NDB) application.

**FOR MCMC USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	
Spectrum Plan checked:	

## INSTRUCTIONS ON COMPLETING THE FORM

### 1. INTENT

- 1.1 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) RADIODETERMINATION SERVICE FORM.
- 1.2 The RADIODETERMINATION SERVICE FORM is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of mobile service apparatus:-
  - 1) *Radiodetermination Station*
  - 2) *Radionavigation Station*
  - 3) *Radiolocation Station*
- 1.3 Please complete one RADIODETERMINATION SERVICE FORM per station. A station is defined as being one or more transmitter, receivers, or a combination both belonging to a single application at a location identified by one set of geographical coordinates.
- 1.4 Application Fee is **RM60.00** per application (for non-government applicant only).
- 1.5 The applicants are requested to submit the annual fee associated with the services for which you are applying along with the application. Assignments will not be issued until full payments of all appropriate fees have been received.
- 1.6 Cheques, postal orders or money orders should be made payable to the “**Suruhanjaya Komunikasi dan Multimedia Malaysia**” or by online payment through MCMC’s website at [www.mcmc.gov.my](http://www.mcmc.gov.my).
- 1.7 Print clearly – illegible, unclear or incomplete application forms may delay processing.

### 2. PROCEDURES

Each application contains 8 sections which can be selected according to the services.

- Section 1 for client information*
- Section 2 for application information*
- Section 3 for geographical area information*
- Section 4 for frequency information*
- Section 5 for apparatus information*
- Section 6 for comments and remarks*
- Section 7 for validity date and period*
- Section 8 for the applicant’s certification & signature*

#### 2.1 New Apparatus

If the application is for a new station, i.e. the applicant does not already have any licensed transmitters or receivers at the location, please indicate this by checking the “New apparatus” box. NOTE: if the client has existing license(s) / assignment(s), then the client ID number field should be completed to assist MCMC staff in locating the applicant’s information.

#### 2.2 Change to Existing Apparatus Assignment

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the “Existing apparatus” box, entering the client ID number, the assignment number, and the callsign, found on the existing license / assignment, in the appropriate fields on the form.

#### 2.3 Client Information

This section requests particular information on the applicant (individual, business or company).

##### 2.3.1 Addresses

Please indicate your Business / Residential address for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.

2.3.2 Contact

This section informs MCMC on how and who to contact for more information on the application to avoid any delay.

2.4 Application Information

This section requests information on the proposed use of the apparatus or system and a brief description of the actual system. If more space is required, please provide attachment.

2.5 Geographic Area Information

The information requested in this section pertains to the physical characteristics of the location of the apparatus.

2.6 Frequency Information

Please enter the frequency on which communications are desired.

2.6.1 Bandwidth and Emission

Please complete the necessary bandwidth and emission of the transmitter equipment. This data may not be readily available, in which case the applicant should contact its supplier.

2.7 Coverage Information

This section requests the applicant to complete the appropriate fields depending on the type of system for which the applicant is applying.

2.8 Apparatus Information

Please provide information on the make, model and serial number of the transmitter, receiver, or transceiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment.

2.9 Comments / Remarks

Please provide details existing license/assignment(s) under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachments.

2.10 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated, the name and I.C. number of the signatory should be PRINTED clearly where indicated, and the business or company chop should be placed at the bottom of the page.

**APPENDIX D**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Space Service Application Form**





## Suruhanjaya Komunikasi dan Multimedia Malaysia

*Malaysian Communications and Multimedia Commission*

MCMC Tower 1, Jalan Impact, Cyber 6

63000 Cyberjaya, Selangor Darul Ehsan

Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (SPACE SERVICE)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):				Application Fee <b>RM60</b> per application
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Callsign:	

*To be used when applying for space service apparatus assignment (s) including amateur satellite, broadcasting satellite, fixed satellite and space apparatus*

#### 1. CLIENT INFORMATION

Organisation name:					
Applicant name:					
Business/Residential address:					
Town / State:			Postal code:		
Billing address: (if different from above)				Postal code:	
Telephone (office/home):		Fax:		E-mail:	
Contact person:				Company/ Business reg. no.:	
Nature of business:				IC no.:	

#### 2. APPLICATION INFORMATION

Proposed use of system / System description:					
--	--	--	--	--	--

#### 3. GEOGRAPHIC AREA INFORMATION

Name of space station:		Orbital position : (°E / °W)	
Date of bringing into use:		Class of station:	
Nature of service:		No. of satellites:	
Period of validity (year):		No. of orbital planes:	
Assoc. earth station name:		Type of earth station:	
Polarization type:		Polarization angle (°):	
Noise temperature (°K):		Max. power:	
Apogee (km):		Perigee (km):	Pilot weight (kg):

#### 4. FREQUENCY INFORMATION

Assigned frequency: (GHz)		

**5. FREQUENCY INFORMATION**

Design of emission	Max. peak power	Max. power density	Min. peak power	Min. power density	C/N ratio

*Note: If necessary, please attach additional information together with this form.*

**6. EQUIPMENT INFORMATION**

Manufacturer/Model/Serial no./Approval no.:	Power:	Use:

*Note: If necessary, please attach additional information together with this form.*

**7. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

--

**8. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date:	Date assignment is issued OR
	Date required _____ (Please state the date)
Period (from 3 months to 1 year):	

**9. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

**FOR MCMC USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	
Spectrum Plan checked:	

## INSTRUCTIONS ON COMPLETING THE FORM

### 1. INTENT

- 1.1 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT (S) SPACE SERVICE FORM.
- 1.2 The SPACE SERVICE FORM is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of space service apparatus :-
- 1) *Amateur Satellite Station*
  - 2) *Broadcasting Satellite Station*
  - 3) *Fixed Satellite Station*
  - 4) *Space Station*
- 1.3 Please complete one SPACE SERVICE FORM per apparatus.
- 1.4 Application Fee is **RM60.00** per application.
- 1.5 Please submit the annual fee associated with the services for you are applying along with the application. Assignments will not be issued until full payment of all appropriate fees have been received.
- 1.6 Cheques, postal orders or money orders should be made payable to the “**Suruhanjaya Komunikasi dan Multimedia Malaysia**” or by online payment through MCMC’s website at [www.mcmc.gov.my](http://www.mcmc.gov.my).
- 1.7 Print clearly – illegible, unclear or incomplete application forms may delay processing.

### 2. PROCEDURES

Each application contains 9 sections:-

- Section 1 for client information
- Section 2 for application information
- Section 3 for geographic area information
- Section 4 & 5 for frequency information
- Section 6 for equipment information
- Section 7 for comments and remarks
- Section 8 for validity date and period
- Section 9 for certification & signature

#### 2.1 New Apparatus

If the application is for a new station, i.e. the applicant does not already have any licensed transmitters or receivers at the location, then the applicant should indicate this by checking the “New apparatus” box. NOTE: if the client has existing license (s) assignment (s), then the client ID number field should be completed to assist MCMC staff in locating applicant’s information.

#### 2.2 Change to Existing Apparatus Assignment

Please indicate if the application is for change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the “Existing apparatus” box, entering the client ID number, the assignment number, and the callsign, found on the existing license / assignment in the appropriate fields on the form.

#### 2.3 Client Information

This section requests particular information on the applicant (individual, business or company).

##### 2.3.1 Addresses

Please indicate your Business / Residential address which for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.

##### 2.3.2 Contact

This section informs MCMC on how and who to contact for more information on the application to avoid any delay.

#### 2.4 Application Information

This section requests for information on the proposed use of the apparatus or system and brief description of the actual system. If more space is required, please provide attachments.

#### 2.5 Apparatus Information

The information requested in this section pertains to the physical characteristics of the location of the apparatus.

#### 2.6 Frequency Information

Please enter the assigned frequency, design of emission, maximum peak power, maximum power density, minimum peak power, minimum power density and C/N ratio. Please attach additional information regarding frequency information, if necessary.

#### 2.7 Equipment Information

Please provide information on the make, model and serial number of the transmitter, receiver or transceiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment.

#### 2.8 Comments/Remarks

Please provide details existing license/assignment(s) under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachments.

#### 2.9 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated, the name and I.C. number of the signatory should be PRINTED clearly where indicated, and the business or company chop should be placed at the bottom of the page.

**APPENDIX E**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Mobile Service Application Form**



## Suruhanjaya Komunikasi dan Multimedia Malaysia

*Malaysian Communications and Multimedia Commission*

MCMC Tower 1, Jalan Impact, Cyber 6

63000 Cyberjaya, Selangor Darul Ehsan

Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (MOBILE SERVICE)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):				Application Fee <b>RM60</b> per application
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Callsign:	

*To be used when applying for all mobile service apparatus assignment(s) except for ship and aircraft stations*

#### 1. CLIENT INFORMATION

Organisation name:					
Applicant name:					
Business/Residential address:					
Town / State:			Postal code:		
Billing address: (if different from above)			Postal code:		
Telephone (office/home):		Fax:		E-mail:	
Contact person:			Company/ Business reg. no.:		
Nature of business:			IC no.:		

#### 2. APPLICATION INFORMATION

Proposed use of system / System description:	
--	--

#### 3. GEOGRAPHIC AREA INFORMATION

Location name:					
Site address:					
Town / State:			Postal code:		
Apparatus name:			Ground elevation: (metres above mean sea level)		
Number of mobiles / Hand-carried portables:			Hand-carried portable (Y/N):		
Geographic area of operations:			Coverage radius (km):		
Centre of area of operations Latitude (°N):		__ ° __ ' __ "	Longitude (°E):		__ ° __ ' __ "
Structure height (m):			Building height (m):		

#### 4. FREQUENCY INFORMATION

Operating frequency band:	<input type="checkbox"/> High Frequency (HF)	<input type="checkbox"/> Very High Frequency (VHF)	<input type="checkbox"/> Ultra High Frequency (UHF)
	Others, please specify: _____		
Type of communication:	<input type="checkbox"/> Simplex	<input type="checkbox"/> Duplex	Number of channels:

Bandwidth (MHz):		Emission:	
Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			

**5. COVERAGE INFORMATION** (Only applicable to Cellular Radio Base Station, Paging Base Station, Private Use Station, Remote Controlled Station, Trunked Radio Base Station, Experimental Station, Leased Channel Base Station, Aeronautical Fixed Station, Coast Station, Wireless Alarm Station and Cordless Base Station)

Center of coverage area:	Latitude (°N):	__ ° __ ' __ "	Longitude (°E):	__ ° __ ' __ "
Radius (km):				

**6. ANTENNA INFORMATION** (Only applicable to Cellular Radio Base Station, Paging Base Station, Private Use Station, Remote Controlled Station, Trunked Radio Base Station, Experimental Station, Leased Channel Base Station, Aeronautical Fixed Station, Coast Station, Wireless Alarm Station and Cordless Base Station)

Manufacturer and model:				
Antenna gain (dB):		Polarization (vertical, horizontal etc):		
Azimuth of main beam (0°-omni, 360°- directional north):			Beamwidth (°):	
Elevation angle (°):		Height above ground (m):		
Antenna displacement (m): <i>For antenna farm only</i>		Latitude (°N):	Longitude (°E):	

**7. FILTER INFORMATION** (Only applicable to Cellular Radio Base Station, Paging Base Station, Private Use Station, Remote Controlled Station, Trunked Radio Base Station, Experimental Station, Leased Channel Base Station, Aeronautical Fixed Station, Coast Station, Wireless Alarm Station and Cordless Base Station)

Manufacture/Model:				
Insertion loss (dB):		Tuned frequency (MHz):		
Manufacture/Model:				
Insertion loss (dB):		Tuned frequency (MHz):		

**8. APPARATUS INFORMATION**

Manufacturer (Transmitter):		Model (Transmitter) / Serial no.:	
Manufacturer (Receiver):		Model (Receiver) / Serial no.:	
Transmitter power (watts):		Type approval no.:	

**9. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

**10. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date:	Date assignment is issued OR Date required _____ (Please state the date)
Period (from 3 months to 1 year):	

**11. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

Note: Please enclose the following:

1. A letter using the company, agency or organization's letter head and describe the purpose of application and its usage;
2. Copy of applicant's identification card;
3. Certified true copy of the company registration (for non-government applicant only); and
4. Equipment technical specification (such as equipment product brochure or pamphlet).

**FOR MCMC USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	
Spectrum Plan checked:	



**INSTRUCTIONS ON COMPLETING THE FORM****1. INTENT**

- 1.8 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) MOBILE SERVICE FORM.
- 1.9 The MOBILE SERVICE FORM is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of mobile service apparatus:-
- |   |                                       |
|---|---------------------------------------|
| 4) <i>Aeronautical Mobile Station</i>       | 9) <i>Private Use Station</i>         |
| 5) <i>Cellular Radio Base Station</i>       | 10) <i>Press Receiving Station</i>    |
| 6) <i>Experimental Station</i>              | 11) <i>Trunked Radio Base Station</i> |
| 7) <i>Land Mobile Station</i>               | 12) <i>Wireless Alarm Station</i>     |
| 8) <i>Leased Channel Radio Base Station</i> | 13) <i>Coast Station</i>              |
| 9) <i>Mobile Earth Station</i>              | 14) <i>Aeronautical Fixed Station</i> |
| 10) <i>Mobile Station</i>                   | 15) <i>Amateur Repeater Station</i>   |
| 11) <i>Paging Base Station</i>              | 16) <i>Cordless Base Station</i>      |
- 1.10 Please complete one MOBILE SERVICE FORM per station. A station is defined as being one or more transmitter, receivers, or a combination both belonging to a single application at a location identified by one set of geographical coordinates.
- 1.11 Application Fee is **RM60.00** per application (for non-government applicant only).
- 1.12 The applicants are requested to submit the annual fee associated with the services for which you are applying along with the application. Assignments will not be issued until full payments of all appropriate fees have been received.
- 1.13 Cheques, postal orders or money orders should be made payable to the “**Suruhanjaya Komunikasi dan Multimedia Malaysia**” or by online payment through MCMC’s website at [www.mcmc.gov.my](http://www.mcmc.gov.my).
- 1.14 Print clearly – illegible, unclear or incomplete application forms may delay processing.

**2. PROCEDURES**

Each application contains 11 sections which can be selected according to the services.

<i>Section 1 for client information</i>	<i>Section 7 for filter information</i>
<i>Section 2 for application information</i>	<i>Section 8 for equipment information</i>
<i>Section 3 for geographical area information</i>	<i>Section 9 for comments and remarks</i>
<i>Section 4 for frequency information</i>	<i>Section 10 for validity date and period</i>
<i>Section 5 for coverage &amp; link information</i>	<i>Section 11 for the applicant's certification &amp; signature</i>
<i>Section 6 for antenna information</i>	

**2.1 New Apparatus**

If the application is for a new station, i.e. the applicant does not already have any licensed transmitters or receivers at the location, please indicate this by checking the “New apparatus” box. NOTE: if the client has existing license(s) / assignment(s), then the client ID number field should be completed to assist MCMC staff in locating the applicant’s information.

**2.9 Change to Existing Apparatus Assignment**

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the “Existing apparatus” box, entering the client ID number, the assignment number, and the callsign, found on the existing license / assignment, in the appropriate fields on the form.

**2.10 Client Information**

This section requests particular information on the applicant (individual, business or company).

2.10.1 Addresses

Please indicate your Business / Residential address for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.

2.10.2 Contact

This section informs MCMC on how and who to contact for more information on the application to avoid any delay.

2.11 Application Information

This section requests information on the proposed use of the apparatus or system and a brief description of the actual system. If more space is required, please provide attachment. The other application information in section 9 is only applicable to mobile station.

2.12 Geographic Area Information

The information requested in this section pertains to the physical characteristics of the location of the apparatus. The geographic area information in section 3 is only applicable to Cellular Radio Base Station, Paging Base Station, Private Use Station, Remote Controlled Station, Trunked Radio Base Station, Experimental Station, Lease Channel Base Station, and Aeronautical Fixed Station, Coast Station and Wireless Alarm Station.

2.13 Frequency Information

Please enter the frequency on which communications are desired.

2.13.1 Bandwidth and Emission

Please complete the necessary bandwidth and emission of the transmitter equipment. This data may not be readily available, in which case the applicant should contact its supplier.

2.14 Coverage Information

This section requests the applicant to complete the appropriate fields depending on the type of system for which the applicant is applying.

2.15 Antenna Information

Please provide information on the make and model of the antenna as well the technical characteristics such as the gain (referenced to a half-wave dipole or quarter-wave whip), polarization employed (vertical, horizontal, etc), the direction from true north of the main beam (north=360, east=90, south=180, west=270, etc) if the antenna is directional, the elevation angle (level-0), and the height of the antenna above the ground.

2.16 Filter Information

This section is to be completed only when the applicant is planning to install any ancillary devices such as band-pass filters, band-pass/band reject duplexers, isolator, multi-couplers, etc. in the transmission line between the transmitter/receiver and the antenna. Please provide information on the make, model, insertion loss, and the frequency to which the device is to be tuned. The field for the tuned frequency may be left blank. A diagram showing the system layout from the transmitter/receiver to the input of the antenna should be included with the application to assist MCMC in determining the system configuration. Please attach technical specifications and brochure of the equipment.

2.17 Apparatus Information

Please provide information on the make, model and serial number of the transmitter, receiver, or transceiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment.

2.11 Comments /Remarks

Please provide details existing license/assignment(s) under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachments.

2.12 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated, the name and I.C. number of the signatory should be PRINTED clearly where indicated, and the business or company chop should be placed at the bottom of the page.



**Suruhanjaya Komunikasi dan Multimedia Malaysia**

*Malaysian Communications and Multimedia Commission*

MCMC Tower 1, Jalan Impact, Cyber 6

63000 Cyberjaya, Selangor Darul Ehsan

Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

**SUMMARY OF APPLICATION FOR APPARATUS ASSIGNMENT(S) FOR E-SPECTRA  
(MOBILE SERVICE)**

Client ID		Client Reference	
Client Name			
Type of application:	<input type="checkbox"/> New Application	<input type="checkbox"/> Variation	<input type="checkbox"/> Certified True Copy
Payment Details	<input type="checkbox"/> Cheque <input type="checkbox"/> Postal Order <input type="checkbox"/> e-Payment <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card Payment Reference No.: _____	Amount (RM)	

No.	Application Ref. No. (e-SPECTRA)	Remarks / Justification (if any)	For variation, please specify the type of variation (station name, frequency, bandwidth, equipment, antenna)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

**APPENDIX F**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Broadcasting Service Application Form**



## Suruhanjaya Komunikasi dan Multimedia Malaysia

*Malaysian Communications and Multimedia Commission*

MCMC Tower 1, Jalan Impact, Cyber 6

63000 Cyberjaya, Selangor Darul Ehsan

Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (BROADCASTING SERVICE)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):				Application Fee <b>RM60</b> per application
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Callsign:	

*To be used when applying for broadcasting service apparatus assignment(s)*

#### 1. CLIENT INFORMATION

Organisation name:					
Applicant name:					
Business/Residential address:					
Town / State:			Postal code:		
Billing address: (if different from above)				Postal code:	
Telephone (office/home):		Fax:		E-mail:	
Contact person:				Company/ Business reg. no.:	
Nature of business:				NRIC no.:	

#### 2. APPLICATION INFORMATION

Proposed use of system / System description:					
---	--	--	--	--	--

#### 3. GEOGRAPHIC AREA INFORMATION

Location name:					
Site address:					
Town / State:			Postal code:		
Apparatus name:					
Latitude (°N):					
Ground elevation: (metres above mean sea level)					
Structure height (m):					
Building height (m):					
Transportable:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Radius of operation (km):		

#### 4. FREQUENCY INFORMATION

Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Bandwidth (MHz):		Emission:	

#### 5. COVERAGE INFORMATION

Center of coverage area:	Latitude (°N):		Longitude (°E):	
Radius (km):				

*Note: Please attach coverage area map.*

**6. ANTENNA INFORMATION**

Manufacturer and model:			
Antenna gain (dB):		Polarization (vertical, horizontal etc):	
Azimuth of main beam (0°-omni, 360°- directional north):			
Elevation angle (°):		Height above ground (m):	
Antenna displacement (m): <i>For antenna farm only</i>		Latitude (°N):	Longitude (°E):

**7. APPARATUS INFORMATION**

Manufacturer (Transmitter):		Model (Transmitter) / Serial no.:	
Manufacturer (Receiver):		Model (Receiver) / Serial no.:	
Transmitter power (watts):		Type approval no.:	
Transmission line length (m)		Line type (RG8, RG213 etc):	

**8. FILTER INFORMATION**

Manufacturer/Model:			
Insertion loss (dB):		Tuned frequency (MHz):	
Manufacturer/Model:			
Insertion loss (dB):		Tuned frequency (MHz):	

*Note: If necessary, please attach Technical Specifications & Brochure for items 6 (antenna pattern), 7 and 8 together with the form.*

**9. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

YES (DETAILS ATTACHED)

**10. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date: 15 JUNE 2018	Date assignment is issued OR Date required _____ (Please state the date)
Period (from 3 months to 1 year):	

**11. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

**FOR MCMC USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	
Spectrum Plan checked:	

## INSTRUCTIONS ON COMPLETING THE FORM

### 1. INTENT

- 1.1 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) BROADCASTING SERVICE FORM.
- 1.2 The BROADCASTING SERVICE FORM is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of Broadcasting service apparatus: -
- 1) *Broadcasting Repeater Station*
  - 2) *Broadcasting Transmitter Station*
- 1.3 Please complete one BROADCASTING SERVICE FORM per station. A station is defined as being one or more transmitters, receivers, or a combination of both belonging to a single application at a location identified by one set of geographical coordinates.
- 1.4 Application Fee is **RM 60.00** per application.
- 1.5 Please submit the annual fee associated with the services of which you are applying along with the application. Assignments will not be issued until full payments of all appropriate fees have been received.
- 1.6 Cheques, postal orders or money orders should be made payable to the “**Suruhanjaya Komunikasi dan Multimedia Malaysia**” or by online payment through MCMC’s website at [www.mcmc.gov.my](http://www.mcmc.gov.my).
- 1.7 Print clearly – illegible, unclear or incomplete application forms may delay processing.

### 2. PROCEDURES

Each application contains 11 sections which can be selected according to the services.

<i>Section 1</i>	<i>for client information</i>
<i>Section 2</i>	<i>for application information</i>
<i>Section 3</i>	<i>for geographic area information</i>
<i>Section 4</i>	<i>for frequency information</i>
<i>Section 5</i>	<i>for coverage information</i>
<i>Section 6</i>	<i>for antenna information</i>
<i>Section 7</i>	<i>for apparatus information</i>
<i>Section 8</i>	<i>for filter information</i>
<i>Section 9</i>	<i>for comments and remarks</i>
<i>Section 10</i>	<i>for validity date and period</i>
<i>Section 11</i>	<i>for the applicant’s certification &amp; signature</i>

#### 2.1 New Apparatus

If the application is for a new station, i.e. the applicant does not already have licensed transmitters or repeaters at the location, please indicate this by checking the “New apparatus” box. NOTE: If the client has existing license(s) / assignment(s), then the client ID number field should be completed to assist MCMC staff in locating the applicant’s information.

#### 2.2 Change to Existing Apparatus Assignment

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the “Existing apparatus” box, entering the client ID number, the assignment number, and the callsign, found on the existing license/assignment, in the appropriate fields on the form.

#### 2.3 Client Information

This section requests particular information on the applicant (individual, business or company).

##### 2.3.1 Addresses

Please indicate your Business / Residential address for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.



### 2.3.2 Contact

This section informs MCMC now on how and who to contact for more information on the application to avoid any delay.

### 2.4 Application Information

This section requests information on the proposed use of the apparatus or system and a brief description of the actual system. If more space is required, please provide attachment.

### 2.5 Geographic Area Information

The information requested in this section pertains to the physical characteristics of the location of the apparatus.

### 2.6 Frequency Information

Please enter the frequency on which communications are desired.

#### 2.6.1 Bandwidth and Emission

Please complete the necessary bandwidth and emission of the transmitter equipment. This data may not be readily available, in which case the applicant should contact its supplier.

### 2.7 Coverage Information

This section requests the applicant to complete the appropriate fields depending on the type of system for which the applicant is applying, e.g. Broadcasting station communicating with another Broadcasting station. Broadcasting station communicating with mobile stations, etc. All fields should be completed if the system is a combination of the broadcasting and mobile stations. Please attach the Antenna Radiation Pattern or Coverage map of the system.

### 2.8 Antenna Information

Please provide information on the make, model of the antenna as well as the technical characteristics such as the gain (referenced to a half-wave dipole or quarter-wave whip), polarization employed (vertical, horizontal, etc.), the direction from true north of the main beam (north=360, east=90, south=180, west=270, etc) if the antenna is directional, the elevation angle (level=0), and the height of the antenna above the ground.

### 2.9 Apparatus Information

Please provide information on the make, model and serial number of the transmitter, repeater, or transceiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment.

### 2.10 Filter Information

This section is to be completed only when the applicant is planning to install any ancillary devices such as band-pass filters, band-pass/band reject duplexers, isolators, multi-couplers, etc. in the transmission line between the transmitter/receiver and the antenna. Please provide information on the make, model, insertion loss, and the frequency to which the device is to be tuned. The field for the tuned frequency may be left blank. A diagram showing the system layout from the transmitter/receiver to the input of the antenna should be included with the application to assist MCMC in determining the system configuration. Please attach technical specifications and brochure of the equipment.

### 2.11 Comments /Remarks

Please provide details of existing license/assignment under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachments.

### 2.12 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated. The name and I.C. number of the signatory should be PRINTED clearly where indicated, and the business or company chop should be placed at the bottom of the page.

**APPENDIX G**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Amateur Station Application Form**



## Suruhanjaya Komunikasi dan Multimedia Malaysia

*Malaysian Communications and Multimedia Commission*

MCMC Tower 1, Jalan Impact, Cyber 6

63000 Cyberjaya, Selangor Darul Ehsan

Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (SERVICE: AMATEUR STATION)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):				Application Fee <b>RM60</b> per application
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Callsign:	

*To be used when applying for amateur station apparatus assignment(s) except for amateur repeater station*

#### 1. CLIENT INFORMATION

Organisation name:							
Applicant name:							
Business/Residential address:							
Town / State:						Postal code:	
Billing address: (if different from above)						Postal code:	
E-Mail:		Telephone:		Fax:		Occupation:	
Passport/IC No.:		Date of birth:		Place of birth:			
Citizenship:		<input type="checkbox"/> Malaysian		<input type="checkbox"/> Commonwealth		<input type="checkbox"/> Other, please specify _____	

#### 2. APPLICATION INFORMATION

Class (A/B)	
-------------	--

#### 3. GEOGRAPHIC AREA INFORMATION

Location name: <i>If mobile, enter the vehicle registration no.</i>							
Site address:							
Town / State:						Postal code:	
Apparatus name:		Ground elevation: <i>(metres above mean sea level)</i>					
Number of mobiles / hand-carried portables:		Hand-carried portable (Y/N):					
Geographic area of operations:		Coverage radius (km):					
Centre of area of operations Latitude (°N):		Longitude (°E):					
Structure height (m):		Building height (m):					

#### 4. APPARATUS INFORMATION

Manufacturer / Model / Serial no.:	Power:	Emission:	Frequency band:	Use (transmitter, receiver etc)

#### 5. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.

--

**6. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date:	Date assignment is issued OR Date required _____ (Please state the date)
Period (from 3 months to 5 years):	

**7. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
------------	--	-------	--

**If applicant is under 21 years of age, counter signature of parent or guardian is required:**

\_\_\_\_\_

Note: Please enclose the following:

1. A sketch of the aerial(s) to be used;
2. A copy of applicant's identification card or passport;
3. A copy of Radio Amateur Examination (RAE) result for Class B license application/ a copy of Morse Code result for Class A license application. (Printed copy of RAE result from MCMC's website is also acceptable);
4. Letter of reference by two members of MARTS or Class A amateur radio holders as shown in Appendix A;
5. Statutory declaration form signed by Justice of the Peace/ Magistrate/ a Commissioner of Oaths as shown in Appendix B; and
6. List of 3 preferable call signs as shown in Appendix C. MCMC reserves the right to assign any call sign in the event the preferred call sign are not available.
7. A copy of existing AA certificate/ a copy of RAE or Morse Code result (for re-application)

**FOR MCMC USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	

Chairman  
**Malaysian Communications and Multimedia Commission**  
MCMC Tower 1  
Jalan Impact  
Cyber 6  
63000 Cyberjaya  
Selangor

**RE : APPLICATION FOR AMATEUR RADIO STATION ASSIGNMENT (CLASS A/B \*)**

We, the undersigned being authorized persons of MARTS / holders of Class A Amateur assignment hereby certify that (Name) \_\_\_\_\_

(NRIC) \_\_\_\_\_ is known to us and is of good character.

\*He has also demonstrated practical skills to us for the operation and use of amateur radio station apparatus.

Thank you.

Signed

1. \_\_\_\_\_

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

Call Sign: \_\_\_\_\_

2. \_\_\_\_\_

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

Call Sign: \_\_\_\_\_

**\*delete where appropriate.**

**STATUTORY DECLARATION REGARDING SECRECY OF WIRELESS COMMUNICATIONS.**

To be included with applications for land and mobile amateur stations.

I, \_\_\_\_\_  
Of \_\_\_\_\_

IDENTITY CARD No./PASSPORT No. \_\_\_\_\_ do solemnly and sincerely  
declare:

1. That I will hold strictly secret all wireless telegraphic or telephonic or other communications that may pass through my hands or come to my knowledge in the execution of the wireless or telephonic duties entrusted to me.

2. That I will not directly divulge to any person (other than a properly authorized official or Malaysia or a competent legal tribunal), or make any use whatever of any message or information coming to my knowledge by reason of the licensed installation. If employed as an operator at a station licensed to conduct commercial wireless traffic I will not give any information directly or indirectly respecting such message or communications are intended and/or to any authorized official of Malaysia or authorized official of my employer.

3. That I will not transmit or cause to be transmitted by wireless telegraphy or telephony any message received by me for transmission or deliver or cause to be delivered to any person any message received by me by wireless telegraphy or telephony, unless the delivery of such message has been approved by the Malaysian Communications and Multimedia Commission or its duly authorized official.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations 1960.

Subscribed and solemnly declared by }  
The above named \_\_\_\_\_ }  
\_\_\_\_\_ }  
at \_\_\_\_\_ }  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ }

Signature: \_\_\_\_\_

Before Me,

Signature: \_\_\_\_\_

**NOTE:** To be signed before Justice of the Peace, Magistrate or a Commissioner of Oaths. Any person who makes a false statement in a statutory declaration is guilty of an offence and is liable to imprisonment for three years and is also liable to a fine.

RSAD/AAP-F07

**APPENDIX C**

Applicant's Name: \_\_\_\_\_

I/C No: \_\_\_\_\_

My call sign choices:

Choice	Call sign
First	
Second	
Third	

If all my choices are not available please contact me at:

Tel No: \_\_\_\_\_

I understand that MCMC reserves the right to assign any call sign  
in the event the preferred call sign are not available.

.....  
Signature

RSAD/AAP-F07

**INSTRUCTIONS ON COMPLETING THE FORM****1. INTENT**

- 1.1 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) AMATEUR RADIO STATION FORM.
- 1.2 The AMATEUR RADIO STATION FORM is to be completed by the applicant and submitted to the Malaysian Communications and Multimedia Commission office for the following types of Amateur services apparatus: -
- 1) *Amateur Station (Class A)*
  - 2) *Amateur Station (Class B)*
- 1.3 Please complete one Amateur Radio Station Application Form per type of station indicated above. An Amateur station is define as being one or more transmitters, receivers, or a combination of both belonging to a single applicant at a specified location. An application for an amateur repeater station must be made on the MOBILE SERVICES FORM.
- 1.4 The application fee is **RM 60.00** per application.
- 1.5 Cheques, postal orders or money orders should be made payable to the “**Suruhanjaya Komunikasi dan Multimedia Malaysia**” or by online payment through MCMC’s website at [www.mcmc.gov.my](http://www.mcmc.gov.my).
- 1.6 Print clearly – illegible, unclear or incomplete application forms may delay processing.

**2. PROCEDURES**

- 2.1 Each application contains 7 sections which can be selected according to the services.

<i>Section 1</i>	<i>for client information</i>
<i>Section 2</i>	<i>for application information</i>
<i>Section 3</i>	<i>for geographical Area information</i>
<i>Section 4</i>	<i>for apparatus information</i>
<i>Section 5</i>	<i>for information on existing license or assignment.</i>
<i>Section 6</i>	<i>for validity period (3 months up to 5 years)</i>
<i>Section 7</i>	<i>for the applicant’s certification &amp; signature</i>

The information in each of those sections is required to properly analyse the application. Failure to complete portions of the application could result in a delay in the assignment of a frequency.

## 2.2 New Apparatus

If the application is for a new station, i.e. the applicant does not already have any apparatus assignment at the location, then the applicant should indicate this by checking the “New apparatus” box. NOTE: If the client has existing license(s) / assignment(s), then the client ID number field should be completed to assist MCMC staff in locating the applicant’s file.

## 2.3 Change to Existing Apparatus Assignment

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the “Existing apparatus” box, entering the client ID number, the assignment number, and the callsign, found on the existing license/assignment, in the appropriate fields on the form.

## 2.4 Client Information

This section requests particular information on the applicant (individual, business or company).

## 2.4.1 Addresses

Please indicate your Business / Residential address for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.

## 2.4.2 Contact

This section informs MCMC on how and who to contact for more information on the application to avoid any delay.



RSAD/AAP-F07

## 2.5 Geographic Area Information

This section pertains to the actual location of the station. These four fields detail the location name and a site address if the location of the station is not the same as the mailing address above. If the station is portable or mobile then the registration number of the vehicle in which the unit will be employed should be indicated in the "Location name field".

## 2.6 Apparatus Information

Please provide information on the make, model and serial number of the apparatus being employed at the station. Included are fields requesting the transmitter output power, the emissions and frequency bands to be employed and the use of the equipment, e.g; transmitter, receiver, transceiver.

## 2.7 Comments/Remarks

Please provide details of your existing license/assignment under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachments.

## 2.8 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated. The name and I.C. number of the signatory should be PRINTED clearly where indicated.

**APPENDIX H**  
**GUIDELINES FOR APPARATUS ASSIGNMENT**  
**Sample of Amateur Repeater Station Application Form**



## Suruhanjaya Komunikasi dan Multimedia Malaysia

*Malaysian Communications and Multimedia Commission*

MCMC Tower 1, Jalan Impact, Cyber 6

63000 Cyberjaya, Selangor Darul Ehsan

Tel: 6 03-86888000 Fax: 6 03-86881000 <http://www.mcmc.gov.my>

### APPLICATION FOR APPARATUS ASSIGNMENT(S) (AMATEUR REPEATER: AMATEUR REPEATER STATION)

<input type="checkbox"/> New apparatus		<input type="checkbox"/> Type of apparatus (Please refer to instructions):			
<input type="checkbox"/> Existing apparatus	Client ID no.:		Assignment no.(s):		Callsign:

Application Fee  
**RM60**  
per application

*To be used when applying for amateur repeater station apparatus assignment(s)*

#### 1. CLIENT INFORMATION

Organisation name:					
Applicant name:					
Business/Residential address:					
Town / State:			Postal code:		
Billing address: (if different from above)			Postal code:		
Telephone (office/home):		Fax:		E-mail:	
Contact person:			Company/ Business reg. no.:		
Nature of business:			IC no.:		

#### 2. APPLICATION INFORMATION

Proposed use of system / System description:					
---	--	--	--	--	--

#### 3. GEOGRAPHIC AREA INFORMATION

Location name:					
Site address:					
Town / State:			Postal code:		
Apparatus name:			Ground elevation: <i>(metres above mean sea level)</i>		
Number of mobiles / Hand-carried portables:			Hand-carried portable (Y/N):		
Geographic area of operations:			Coverage radius (km):		
Centre of area of operations Latitude (°N):		-- ° -- ' -- "	Longitude (°E):		-- ° -- ' -- "
Structure height (m):			Building height (m):		

#### 4. FREQUENCY INFORMATION

Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Desired transmit frequency (MHz):		Desired receive frequency (MHz):	
Communication desired with:			
Bandwidth (MHz):		Emission:	

**5. COVERAGE INFORMATION**

Center of coverage area:	Latitude (°N):	__ ° __ ' __ "	Longitude (°E):	__ ° __ ' __ "
Radius (km):				

**6. ANTENNA INFORMATION**

Manufacturer and model:				
Antenna gain (dB):		Polarization (vertical, horizontal etc):		
Azimuth of main beam (0°-omni, 360°- directional north):			Beamwidth (°):	
Elevation angle (°):		Height above ground (m):		
Antenna displacement (m): <i>For antenna farm only</i>		Latitude (°N):		Longitude (°E):

**7. FILTER INFORMATION**

Manufacture/Model:				
Insertion loss (dB):		Tuned frequency (MHz):		
Manufacture/Model:				
Insertion loss (dB):		Tuned frequency (MHz):		

**8. APPARATUS INFORMATION**

Manufacturer (Transmitter):		Model (Transmitter) / Serial no.:	
Manufacturer (Receiver):		Model (Receiver) / Serial no.:	
Transmitter power (watts):		Type approval no.:	

**9. DO YOU HAVE A LICENCE / ASSIGNMENT UNDER THE COMMUNICATIONS AND MULTIMEDIA ACT 1998? IF SO, PLEASE PROVIDE DETAILS OR A COPY OF YOUR LICENCE / ASSIGNMENT.**

**10. PLEASE STATE THE REQUIRED VALIDITY DATE AND PERIOD.**

Date:	Date assignment is issued OR Date required _____ (Please state the date)
Period (from 3 months to 1 year):	

**11. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, THE APPARATUS IS TYPE APPROVED FOR USE IN MALAYSIA AND IT WILL BE USED ONLY FOR THE PURPOSES AUTHORIZED BY THE MINISTER OF COMMUNICATIONS AND MULTIMEDIA MALAYSIA.**

Signature:		Date:	
Name of signatory:		I.C. no.:	
Business/Company stamp:			

Note: Please enclose the following:

1. A letter using the club's letter head and describe the purpose of application and its usage;
2. Copy of applicant's identification card;
3. Certified of the club registration with Registrar of Society; and
4. A copy of the approval letter from Local Authority on the installation of Amateur Repeater structure.

**FOR MCMC USE ONLY**

Fee paid:	
Cheque or Bank in slip no.:	
Receipt no. / date:	
Spectrum Plan checked:	

**INSTRUCTIONS ON COMPLETING THE FORM****2. INTENT**

- 1.15 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) AMATEUR REPEATER STATION FORM.
- 1.16 Please complete one AMATEUR REPEATER STATION FORM per station. A station is defined as being one or more transmitter, receivers, or a combination both belonging to a single application at a location identified by one set of geographical coordinates.
- 1.17 Application Fee is **RM60.00** per application (for non-government applicant only).
- 1.18 The applicants are requested to submit the annual fee associated with the services for which you are applying along with the application. Assignments will not be issued until full payments of all appropriate fees have been received.
- 1.19 Cheques, postal orders or money orders should be made payable to the **“Suruhanjaya Komunikasi dan Multimedia Malaysia”** or by online payment through MCMC’s website at [www.mcmc.gov.my](http://www.mcmc.gov.my).
- 1.20 Print clearly – illegible, unclear or incomplete application forms may delay processing.

**3. PROCEDURES**

Each application contains 11 sections which can be selected according to the services.

<i>Section 1 for client information</i>	<i>Section 7 for filter information</i>
<i>Section 2 for application information</i>	<i>Section 8 for apparatus information</i>
<i>Section 3 for geographical area information</i>	<i>Section 9 for comments and remarks</i>
<i>Section 4 for frequency information</i>	<i>Section 10 for validity date and period</i>
<i>Section 5 for coverage &amp; link information</i>	<i>Section 11 for the applicant’s certification &amp; signature</i>
<i>Section 6 for antenna information</i>	

**2.1 New Apparatus**

If the application is for a new station, i.e. the applicant does not already have any licensed transmitters or receivers at the location, please indicate this by checking the “New apparatus” box. NOTE: if the client has existing license(s) / assignment(s), then the client ID number field should be completed to assist MCMC staff in locating the applicant’s information.

**2.18 Change to Existing Apparatus Assignment**

Please indicate if the application is for a change in an existing apparatus assignment, such as a change of frequency, the addition of new frequency or a change of location. Please indicate this by checking the “Existing apparatus” box, entering the client ID number, the assignment number, and the callsign, found on the existing license / assignment, in the appropriate fields on the form.

**2.19 Client Information**

This section requests particular information on the applicant (individual, business or company).

**2.19.1 Addresses**

Please indicate your Business / Residential address for assignments and other correspondence. Please indicate if a separate address is needed for all billing correspondence.

**2.19.2 Contact**

This section informs MCMC on how and who to contact for more information on the application to avoid any delay.

**2.20 Application Information**

This section requests information on the proposed use of the apparatus or system and a brief description of the actual system. If more space is required, please provide attachment. The other application information in section 9 is only applicable to amateur repeater station.

## 2.21 Geographic Area Information

The information requested in this section pertains to the physical characteristics of the location of the apparatus.

## 2.22 Frequency Information

Please enter the frequency on which communications are desired.

### 2.22.1 Bandwidth and Emission

Please complete the necessary bandwidth and emission of the transmitter equipment. This data may not be readily available, in which case the applicant should contact its supplier.

## 2.23 Coverage Information

This section requests the applicant to complete the appropriate fields depending on the type of system for which the applicant is applying.

## 2.24 Antenna Information

Please provide information on the make and model of the antenna as well the technical characteristics such as the gain (referenced to a half-wave dipole or quarter-wave whip), polarization employed (vertical, horizontal, etc), the direction from true north of the main beam (north=360, east=90, south=180, west=270, etc) if the antenna is directional, the elevation angle (level-0), and the height of the antenna above the ground.

## 2.25 Filter Information

This section is to be completed only when the applicant is planning to install any ancillary devices such as band-pass filters, band-pass/band reject duplexers, isolator, multi-couplers, etc. in the transmission line between the transmitter/receiver and the antenna. Please provide information on the make, model, insertion loss, and the frequency to which the device is to be tuned. The field for the tuned frequency may be left blank. A diagram showing the system layout from the transmitter/receiver to the input of the antenna should be included with the application to assist MCMC in determining the system configuration. Please attach technical specifications and brochure of the equipment.

## 2.26 Apparatus Information

Please provide information on the make, model and serial number of the transmitter, receiver, or transceiver being employed at the station. Included are fields requesting the transmitter output power and type approval number. Please attach technical specifications and brochure of the equipment.

## 2.11 Comments /Remarks

Please provide details existing license/assignment(s) under the Communications and Multimedia Act 1998. Please enter any comments or remarks that may assist MCMC in processing the application in an efficient manner. If required, please provide attachments.

## 2.12 Certification and Signature

Please READ CAREFULLY the certification, sign and date the form where indicated, the name and I.C. number of the signatory should be PRINTED clearly where indicated, and the business or company chop should be placed at the bottom of the page.