



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 RM60 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:	
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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

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.

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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:			

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

- 1.1 The intent of this document is to provide applicants with instructions to assist them in properly completing the APPARATUS ASSIGNMENT(S) MOBILE SERVICE FORM.
- 1.2 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:-
- | | |
|---|---------------------------------------|
| 1) <i>Aeronautical Mobile Station</i> | 9) <i>Private Use Station</i> |
| 2) <i>Cellular Radio Base Station</i> | 10) <i>Press Receiving Station</i> |
| 3) <i>Experimental Station</i> | 11) <i>Trunked Radio Base Station</i> |
| 4) <i>Land Mobile Station</i> | 12) <i>Wireless Alarm Station</i> |
| 5) <i>Leased Channel Radio Base Station</i> | 13) <i>Coast Station</i> |
| 6) <i>Mobile Earth Station</i> | 14) <i>Aeronautical Fixed Station</i> |
| 7) <i>Mobile Station</i> | 15) <i>Amateur Repeater Station</i> |
| 8) <i>Paging Base Station</i> | 16) <i>Cordless Base Station</i> |
- 1.3 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.
- 1.4 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.
- 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 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 & link information</i>	<i>Section 11 for the applicant’s certification & 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.

2.2 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. The other application information in section 9 is only applicable to mobile station.

2.5 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.

2.6 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 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.

2.9 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.

2.10 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.