



P. O. Box 93
4791 Lillesand
www.nkom.no

Telephone: +47 22 82 46 00
Fax: +47 22 82 46 40
E-mail: firmapost@nkom.no

Application Form - Permanent PMR Licence

PMR = Professional Mobil Radio (closed mobile VHF/UHF radio net)

Establishing of a mobile radio net

INFORMATION ABOUT THE APPLICANT (Must be filled in by the applicant - write distinctly)

1. Name of the applicant/company		2. Norwegian company registration number (NUF) or birth number/date	
3. P.O. Box/Post address			
4. Postcode	5. Place/country	6. Branch	
7. Contact person		8. E-mail	
9. Telephone number	10. Mobil number	11. <input type="checkbox"/> I agree that the answer to the application can be sent by e-mail to the contact person.	
12. Invoice address		13. Optional invoice ref	
14. Postcode and place/country		15. <input type="checkbox"/> I want to receive invoices in electronic commerce (EHF) Electronic invoicing address (reg.no.):	

16. Does the applicant operate an existing PMR radio net <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate licence number(s):	17. What kind of net is required? <input type="checkbox"/> Digital <input type="checkbox"/> Analog
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18. The application must contain complete information about:

- What type of radio communication is needed
- Geographical area where the radio stations are to be used
- Any other radio stations, cfr. item 26, page 2

SIGNATURE

19. Date	20. Place
21. Signature of the applicant (typed text if the application is sent by e-mail)	
(Repeat the signature here in type)	
The company confirms with his signature knowledge of rules and regulations in this field and that the information in this form is correct.	

Change of address, cessation of business or change of qualified person shall immediately be reported to the Nkom.

Technical information

BASE STATION (FB)

22. Base station type

23. Frequency range (MHz)

24. Radiated power (W)

25. The station is planned to be situated at (accurate coordinates for the site and its ownership must be given)

26. Are other radio systems in operation on the site or in the vicinity?

Yes

No

If yes, please indicate name/address of the owner(s) under item 18 (page 1), or on a separate sheet.

27. Geographical position (WGS84/ degrees, minutes, seconds)

° ' " N ° ' " E

28. Antenna height above:

sea _____ m terrain _____ m

29. The station shall be controlled

locally

by line

by radio

30. Selective calling system

31. Antenna type for the base station

32. Type

33. Antenna gain in the hor. plane (dBd)

34. Polarizing

Horizontal

Vertical

35. If a directive antenna is used, please indicate

Beam direction (azimuth)

Opening angel

RADIO CONTROL STATIONS (FS)

36. If radio control is used, please indicate

Control station type

Radiated power (W)

37. Antenna height above:

sea _____ m terrain _____ m

38. The control station is placed at:

39. Geographical position (WGS84/ degrees, minutes, seconds)

° ' " N ° ' " E

40. Antenna type for the control station:

41. Type

42. Antenna gain in the hor. plane (dBd)

43. Polarizing

Horizontal

Vertical

44. If a directive antenna is used, please indicate

Beam direction (azimut)

Opening angel

MOBILE STATION (ML)

45.a) Number of stations mounted in vehicles:

45.b) Number of handheld stations:

47. Required frequency range (MHz)

47. Total number of mobile stations (vehicle mounted and handheld), including previously registered mobile stations on the license:

48. Radio dealer

49. Radio dealer number:

50. Adresse:

51. Place.

52. Date

53. Radio dealer signature

54. Contact person

55. E-mail

56. Telephone