

**Ministry of Information, Broadcasting and  
Telecommunications**



**Telecommunications Division Long and Thames Streets, P. O. Box 2802 St. John's, Antigua**

**Tel: (268) 562-1868, 562-6735 Fax: (268) 562-1872**

**Email: [telecom@ab.gov.ag](mailto:telecom@ab.gov.ag)**

**Website : [www.telecom.gov.ag](http://www.telecom.gov.ag)**

**Spectrum Licence Technical Specification Form  
Antigua and Barbuda**

Name of Applicant	<input type="text"/>		
Company Name	<input type="text"/>		
Position of Applicant	<input type="text"/>		
Mailing Address	<input type="text"/>		
Email address	<input type="text"/>	Fax Number	<input type="text"/>
		Telephone No	<input type="text"/>

**TECHNICAL DETAILS**

Total Bandwidth (MHz)	<input type="text"/>	Frequency Range (MHz)	<input type="text"/>
Class of Emission	<input type="text"/>	Operation Type	<input type="text"/>

**Station and Antenna Details**

Location of Station	<input type="text"/>		
Geographic Location (degrees, minutes, seconds)	<input type="text"/>		
Elevation above sea level (metres)	<input type="text"/>	Height above ground (metres)	<input type="text"/>
Effective Radiation Power (ERP)/W	<input type="text"/>	Antenna Type	<input type="text"/>
Gain (dB)	<input type="text"/>	Beam Width (degrees)	<input type="text"/>
Polarisation	<input type="text"/>	Transmit power	<input type="text"/>
Systems Operated	<input type="text"/>	Tower Type	<input type="text"/>

**Additional Comments**

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