



Commission for
Communications Regulation

Application Form

Wireless Test Licence

Document No:	05/35a
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An Coimisiún um Rialáil Cumarsáide

Commission for Communications Regulation

Abbey Court Irish Life Centre Lower Abbey Street Dublin 1 Ireland

Telephone +353 1 804 9600 Fax +353 1 804 9680 Email info@comreg.ie Web www.comreg.ie

Notes for Applicants

1. This application form sets out the standard information which is required for a wireless test licence.

In certain cases, the Commission for Communications Regulation may seek further information or clarification from the applicant.

2. There are two ways of applying for a wireless test licence.
 - Use the online application form at www.licensing.comreg.ie
 - Submit a complete application by post to

The Commission for Communications Regulation
Licensing Section – Wireless Test Licence
Abbey Court
Irish Life Centre
Lower Abbey Street
Dublin 1.

3. To submit a complete application, it is necessary:
 - to complete all sections of the form relevant to your application and
 - to submit the full licence fee with the application.

An application cannot be processed until ComReg has received a complete application.

4. If there is insufficient space on the application form, the applicant may append additional material in support of the application for a wireless test licence.
5. The fee for a wireless test licence is €200 per 12 months (maximum duration), scaled per month down to a minimum fee of €100. The table below shows the range of fees

Wireless Test Licence Duration	Fee (€)
Up to 6 months	€100
6 to 7 months	€116.67
7 to 8 months	€133.33
8 to 9 months	€150
9 to 10 months	€166.67
10 to 11 months	€183.33
11 to 12 months	€200

6. If you have queries in relation to wireless test licences, please contact the ComReg Licensing Team.

Tel: 1890 252 050
Email: WirelessOpportunities@comreg.ie

APPLICATION FOR WIRELESS TEST LICENCE

Section 1: Contact Details

Full Name of the Company, Firm or Person in whose name the Licence is sought:	
Trading Name: (If different from above)	
Business Address:	Address: County or Postcode: Country:
ComReg Account Number¹: (If applicable)	
Contact Name²:	
Phone No:	
Fax No:	
E-Mail:	
Address to which the Licence / Correspondence is to be sent: (if different from address given above)	Address: County Postcode: Country:

¹ This is the account number allocated to you by ComReg; it is unique for you/your company. You generally have an account number if you applied in the past to ComReg for any type of licence. This account number is printed on ComReg correspondence such as invoices, renewal notices etc.

² This is the person in your organisation to contact in relation to the licence application.

Section 2: Test Details

<p>Description of the Test, for which a Test Licence is sought.</p> <p>Please include the purpose/aims of the Test in the description:</p>	
<p>Time(s) at which testing will take place: (E.g. Business hours, All day, Etc.)</p>	
<p>Proposed Duration of the Test: (Maximum duration is 12 months)</p>	<p>Start date:</p> <p>End date:</p>
<p>General Location(s) at which the test will be carried out:</p>	
<p>No. of Transmit Sites in the Test</p> <p>Please complete Section 3 of this form in respect of each transmit site in the Test.</p>	

<p>Description of the equipment to be used in the Test</p>	
<p>Equipment Type</p>	<p>Manufacturer & Model</p>
<p><u>Radio Terminal details</u></p>	
<p><u>Antenna details</u></p>	
<p><u>Other Equipment details</u></p>	

Section 4: Other Details

Details on Other Third Parties involved in this Test (if any):

Company Name / Address	
Nature of Involvement in Test	

Any additional relevant information to this application (if any)

E.g. Any specific provisions / conditions necessary for the test should be included here.

Section 5: Declaration Form – Wireless Test Licence

I, _____,

of _____,

hereby apply to the Commission for Communications Regulation for a test licence for the temporary use of radio spectrum for the purposes and with the equipment described by me in this form.

I have read and understood the document entitled, *Opportunities for Testing and Trialling Wireless Services and Technologies in Ireland, Application Guidance Notes* (ComReg 05/35). I have also brought that document to the attention of each of the other third parties mentioned in this application form.

I understand that any test licence issued on foot of this application will be subject to such terms and conditions as may be set by the Commission. In particular, I am aware that any such test licence will be of a temporary nature only and will not convey an entitlement to its renewal, the issue of a full authorisation or the continued use of radio spectrum.

I confirm that the information provided in this application is true and that it gives an accurate and complete account of the circumstances for which this application is made.

SIGNED

DATE

Section 6: Method of Payment

Please tick the relevant method of payment

<input type="checkbox"/> Cash	
<input type="checkbox"/> Cheque / Postal Order	Cheques / Postal Orders should be crossed and made payable to <i>The Commission for Communications Regulation</i> or <i>ComReg</i>
<input type="checkbox"/> Bank Transfer / Electronic Funds Transfer (EFT)	Transfers to ComReg's account should be made to: Bank of Ireland, 6 Lower O'Connell Street, Dublin 1. Account Number: 17806887. Sort Code: 90-00-33 BIC Code: BOFIE2D IBAN No: IE62 BOFI 9000 3317 8068 87. If making a bank transfer/EFT, please ensure that: · Your Bank quotes your Name and " Wireless Test Application " in making the transfer to ComReg. · You forward details of the date of and amount of payment to our Accounts Department (accounts@comreg.ie).
<input type="checkbox"/> Credit Card	Credit card payments can be accepted ○ By completing the Credit Card payment form below and submitting this with your application. For existing ComReg account holders, credit card payments can also be accepted ○ Over the telephone, by contacting accounts department at 01 8049618 ○ On-Line, using www.licensing.comreg.ie

Credit Card Payment Form:

Type of Card: **Visa** **Access / MasterCard** **Laser**

Card Number : _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _ / _ _ _ _ _

Cardholder's Name: _____

Cardholder's Address: _____

Expiry Date: ____ / ____

Signature: _____

Date: _____