



Commission for
Communications Regulation

APPLICATION FORM

Radio Experimenter Licence

Document No:	ComReg 02/04 R3
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An Coimisiún um Rialáil Cumarsáide

Commission for Communications Regulation

Abbey Court Irish Life Centre Lower Abbey Street Dublin 1 Ireland

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Notes for Applicants

1. This application form sets out the standard information which is required for a Radio Experimenter's Licence.

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

2. To submit a complete application, it is necessary:
 - to complete all sections of the Application Form and
 - to submit the full licence fee with the application

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

3. The application fee for an Experimenters Licence is €12.00

The subsequent licence renewal fee is €10.00 per year

4. Completed Applications should be forwarded by post to

The Commission for Communications Regulation
Licensing Section - Experimenter Licences
Abbey Court
Irish Life Centre
Lower Abbey Street
Dublin 1

It should be noted that it is an offence under Section 3 of the "Wireless Telegraphy Act, 1926" to hold wireless telegraphy apparatus without an appropriate licence and such apparatus must not be acquired on the assumption that a licence will be granted.

APPLICATION FOR RADIO EXPERIMENTER LICENCE

<p>1. (a) Name, in Block letters of applicant, showing Christian name(s) <u>in full</u></p> <p>(b) If name has at anytime been changed, by deed poll or otherwise, please give full details.</p>	
<p>2. Full Postal Address of normal residence</p>	<p>Address:</p> <p>Postcode:</p> <p>County:</p> <p>Country:</p>
<p>3. Telephone Number (including Area Code)</p>	
<p>4. Date, Place and Country of birth</p> <p style="text-align: center;">Copy of Birth Certificate must be furnished The original may be requested</p>	
<p>5. <u>Qualifications:</u> If you have taken the Radio Experimenters Theory exam please state</p> <p>(i) date of examination (ii) venue of examination</p> <p style="text-align: center;">Copy of Certificate must be furnished The original may be requested</p>	
<p>6. Details of previous Experimenter's (Amateur) licence (if any)</p>	

<p>7. Particulars of morse operating qualifications. If you have taken the Radio Experimenters Morse Exam please state</p> <p>(i) date of exam (ii) venue of exam</p> <p>Copy of Certificate should be furnished The original may be requested</p>	<p>Sending: words per minute</p> <p>Receiving: words per minute</p>
<p>8. Full postal address of the proposed station with telephone number (if any).</p>	<p>Address:</p> <p>Postcode:</p> <p>County:</p> <p>Phone No:</p>
<p>9. Particulars of nature and object of proposed experiments</p>	
<p>10. Particulars of apparatus which it is proposed to use for:-</p> <p>(a) Transmission</p> <p>(b) Reception</p> <p>(c) Measuring the frequency emissions</p> <p>(If the apparatus is commercially manufactured the make and model number should be supplied)</p>	
<p>11. Schematic diagram of proposed transmitter.</p> <p>Applicable to Homebuilt, Kit or Modified equipment.</p> <p>(Attach diagram if necessary)</p>	
<p>12. Schematic diagram of proposed receiver</p> <p>Applicable to Homebuilt, Kit or Modified equipment</p> <p>(Attach diagram if necessary)</p>	

<p>13 Schematic diagram of proposed frequency measuring apparatus.</p> <p>Applicable to Homebuilt, Kit or Modified equipment</p> <p>(Attach diagram if necessary)</p>	
<p>14. Particulars of proposed arrangements to minimise radiation of unwanted harmonics from transmitter.</p> <p>MUST BE INCLUDED FOR HOMEBUILT, KIT OR MODIFIED EQUIPMENT</p>	
<p>15. In the event that you are granted a licence, do you wish your name and station address to be <i>withheld or published</i> in call-books?</p> <p>(See Explanatory Note)</p> <p>TICK ONE BOX ONLY</p>	<p><input type="checkbox"/> - Please publish information (Call-Sign, Name and Address will be published)</p> <p><input type="checkbox"/> - Please withhold information (Call-Sign only will be published)</p>

Explanatory Note to Item 15

The Commission for Communications Regulation will permit publication of your name and address in a call-book where you have consented by ticking the appropriate box. Where you have not consented, the call-sign only will be published. Where that call-book is compiled, stored and published by a third party, either in written form or by way of "read only" computer disks, it will be made clear to the third party that the information will be disclosed to it for the publication of a call-book and for no other purpose

Declaration by Applicant

I hereby certify that the information provided in this application is to the best of my knowledge true and complete and understand that I may be liable for breaches of the Wireless Telegraphy Act based on the provision of inaccurate information or misdeclarations contained in this application.

I accept that the licence does not confer any right of ownership of the frequency spectrum, and agree to abide by all conditions of the licence and any direction made by the Commission from time to time.

I accept that the Commission may publish / make available information relating to Experimenters Licences and certain information relating to this application may be contained in such publications

Signature of Applicant: _____

Date: _____

Methods 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> <i>or</i> <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: BOFIIIE2D IBAN No: IE62 BOFI 9000 3317 8068 87. If making a bank transfer/EFT, please ensure that: <ul style="list-style-type: none">○ Your Bank quotes your Name and "Experimenter Licence" 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 <ul style="list-style-type: none">○ 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 <ul style="list-style-type: none">○ Over the telephone, by contacting the accounts department at (+353 1) 804 9618○ 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: _____