



TELECOMMUNICATIONS AGENCY
DEALER'S LICENCE APPLICATION FORM

**Government of
Guyana**

WFORM

A.	GENERAL INFORMATION ON APPLICANT
TIN	
Name	
Address	
Phone No.	
Contact Person	
Address	
Phone No.	

B.	ADDRESS WHERE BUSINESS IS LOCATED
Address (1)	
Address (2)	
Address (3)	

C.	EQUIPMENT APPROVED BY	
<input type="checkbox"/> GNBS	<input type="checkbox"/> CDT	<input type="checkbox"/> NFMU
<input type="checkbox"/> FCC	<input type="checkbox"/> P.M.G.	<input type="checkbox"/> OTHER
<input type="checkbox"/> (UK)		

Description of Equipment:

Frequency Band:	VLF <input type="checkbox"/>	LF <input type="checkbox"/>	MF <input type="checkbox"/>
	HF <input type="checkbox"/>	VHF <input type="checkbox"/>	UHF <input type="checkbox"/>
	SHF <input type="checkbox"/>	EHF <input type="checkbox"/>	

*** Indicate Frequency Band circling appropriate Band.**

I hereby declare that to the best of my knowledge the information furnished is true and correct.

APPLICANT'S
SIGNATURE: _____

DATE: _____

D.

FOR OFFICIAL USE ONLY

Recommended

Not Recommended

Reasons

Officer's
Signature

Date

- 1) This application form should be completed in triplicate for submission.**
- 2) Upon submission a processing fee of GY\$300.00 needs to be made to the finance department of the Telecommunications Agency.**
- 3) Applications cannot be processed unless a payment is made to Telecommunications Agency's finance department.**