

**AGENCE RWANDAISE DE REGULATION
DES SERVICES D'UTILITE PUBLIQUE
B.P. 7289
Tél : 55100091
E-mail: arms@rwanda1.com
KIGALI**

VSAT licence application form

Customer :
Address :
Phone :
Fax :
E-mail :
Contact person :

Registration by the Authorizing Authority in Rwanda:

- Trade Register**
- Registration Certificate**
- Ministerial Order**

Number and date of Registration:

Target date for start of service of earth station:

Request for:

N° of years:

Country of Installation:

Number of Stations:

Location of earth station (s):

.....
.....
.....

Address (es):

.....
.....
.....

Location coordinates in degrees/minutes/seconds

Latitude :

Longitude :

Space segment :

- | | | |
|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> INTELSAT 707 | <input type="checkbox"/> Other | <input type="checkbox"/> Intelsat 804 at 64° |
| <input type="checkbox"/> Thor 1 | <input type="checkbox"/> Thor 2 | <input type="checkbox"/> Thor 3 |

If other please mentions it (the name):

Description of system:

- | | |
|--|--|
| <input type="checkbox"/> SNG | <input type="checkbox"/> VSAT one-way |
| <input type="checkbox"/> VSAT Two-way | <input type="checkbox"/> Point-to-point (except SNG) |
| <input type="checkbox"/> Point-to-multipoint | <input type="checkbox"/> Other |

Description of Service:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Data transmission | <input type="checkbox"/> Video |
| <input type="checkbox"/> Audio | <input type="checkbox"/> Voice |
| <input type="checkbox"/> TV Broadcasting | <input type="checkbox"/> Other |

Service intended for:

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Closed Network | <input type="checkbox"/> Public Use | <input type="checkbox"/> Third party |
|---|-------------------------------------|--------------------------------------|

Connection to other network:

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Period of Operation:

- Permanent: operation starts (date):
- Temporary: from _____ to _____

Name of HUB/CONTROL/MAIN STATION :

Address :

Phone :

Fax :

P.O Box :

E-mail :

Contact Person :

STATION DETAILS

Antenna:

Make:

Manufacturer:

Serial Number:

Tr. Frequency

Receive frequency:

Center frequency:

Max EIRP:

Polarization Tx:

Antenna diameter:

Polarization Rx:

Antenna gain (dBi)

TX

Rx

Beam width (in°)

Necessary Band width in MHz (Transmitter side):

Band with Receiver Side:

Tr. speed:

Rx. Speed:

Modulation characteristics:

Horizon Elevation (in°):

Altitude above sea level:

Total peak envelope power at antenna input, in dBW:

Maximum power density at antenna input in dBW/Hz:

Antenna radiation pattern: **CCIR REC 465**

CCIR REC 580

Side lobe C – 25 log (v)

C in dBi : 29 Residual gain in dBi

Other

Receiving system noise temperature in Kelvins (K):

Description of VSAT SYSTEM CONFIGURATION:

Mesh

Star

Please attach the technical descriptions of indoor equipments (type and mark of router, Modem etc...)