



TELECOMMUNICATIONS REGULATORY COMMISSION

P.O. BOX 4401, ROAD TOWN, TORTOLA VG1110
BRITISH VIRGIN ISLANDS

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APPLICATION FOR EQUIPMENT TYPE APPROVAL

Section A - General Information

For Individual completing this application

Official Company Name: _____

Address: _____

Tel.: _____ Fax: _____ email: _____

Contact Person: _____

Position In the Organization: _____

Tel.: _____ Fax: _____ email: _____

Section B - Manufacturer Details

Official Name of Manufacturer: _____

Manufacturing Country: _____

Address: _____

Contact Person: _____

Position in Organization: _____

Tel.: _____ Fax: _____ email: _____

Section C - Equipment Details

Product Name: _____

Type: _____ Model No. _____

Year of Manufacture: _____

Frequency Range
Transmitter: _____ Receiver: _____

Modulation Type: _____

Maximum RF Output Power (eirp): _____

As part of the application the following documents are required:

- Technical documentation of the equipment requiring Type Approval
- Equipment Type Approval Certificate from a reputable approving body(Namely, FCC and ETSI)
- Safety Report
- EMC Report
- An authorization Letter if acting on behalf of a company

SECTION D – DECLARATION

I declare that all information provided in this application, and in the documents attached are true and correct. I/we will not market the equipment within the Virgin Islands (British) until type approval has been granted.

Signature of Applicant: _____

Full name (Block Capitals): _____

Date: _____

If you are signing on behalf of a Company or organization please state:

Name of organization: _____

Position: _____

FOR OFFICIAL USE ONLY

Date of Issue:

Issued by:

Type Approval Number:
