

**Spectrum Management Authority**

**Application for Type Approval of Radiocommunication Equipment**

Date of Application: .....

**Part 1.        Applicant Information**

Name of Applicant:  
.....

Address: .....  
.....  
.....

On behalf of (if applicant is an authorized institution):.....

Telephone no : .....

Facsimile no: .....

E-mail address: .....

**Part 2. Attached Documents and Equipment**

- Technical Specifications of Equipment
- A copy of the test report or certification of the technical characteristics of the radio communication equipment, issued by a recognized test or certification body.  
Name of test or certification institution.....  
Country .....
- A copy of accreditation certificate of test or certification body
- EMC Report
- Safety Report
- User Manual (may be optional if test procedure outlines the operations of the equipment)
- Letter of Authorization (if applicant is an Authorized institution).
- A physical sample of the equipment requiring type approval
- Others (please state)  
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- Processing fee of US\$35.00 per model for type approval certification

**Part 3 Radio communication Equipment Information**

- 3.1 Equipment: ..... 3.2 Type: .....
- 3.3 Brand Name: ..... 3.4 Model:.....
- 3.5 Manufacturer: ..... 3.6 Country .....
- 3.7 Frequency Band Transmit: ..... MHz  
Receive: ..... MHz
- 3.8 ITU Emission Designator.....
- 3.9 Proposed use of Equipment.....

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I hereby certify that all information provided above and the document attached hereto are true and correct, and I shall comply with the policies and procedures on Type Approval Certification of Radio equipment and any regulation or order relevant to radio communication equipment in Jamaica.

Name (in block capitals).....  
Applicant/ Authorized person  
Signature .....  
Position .....  
Date ...../...../.....

*All information presented to the SMA will be treated as confidential.*

**For Spectrum Management Authority use only**

Applicant code: .....

Application Approved: .....

Date of Approval: .....

Type Approval ID Number: .....

Date sent to client: .....

Payment received: .....

Signature of Certifying Officer: .....