



Commission for
Communications Regulation

APPLICATION FORM

Paging Permit

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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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APPLICATION FOR A PAGING PERMIT

ALL SHADED SECTIONS MUST BE COMPLETED

APPLICANT DETAILS

1. Name	
2. Address	
3. Contact	
4. Telephone	
5. E-mail	

SUPPLIER DETAILS

1. Company Name	
2. Contact	
3. Address	
4. Telephone	
5. Fax	
6. E-Mail	

BASE STATION DETAILS

1. Location	
2. Area of Operation	
3. Site Height (metres above sea level)	
4. Base Manufacturer	
5. Equipment Standard (ETSI etc)	
6. Base Model	
7. Antenna Manufacturer	
8. Antenna Model	
9. Equipment Standard (ETSI etc)	
10. Antenna Height (metres above ground level)	
11. Polarisation	

RECEIVER DETAILS

1. Number of Receivers proposed	
2. Manufacturer	
3. Model	
4. Equipment Standard (ETSI etc)	

PROPOSED FREQUENCY/FREQUENCY BAND(s)

1. Please indicate the frequency band/s you wish to use¹	

TYPE OF PAGING SYSTEM

1. Please tick as appropriate	On Site <input type="checkbox"/>	Local <input type="checkbox"/>
2. Please specify as appropriate	One way Speech <input type="checkbox"/>	Tone Only <input type="checkbox"/>

¹ Although every effort will be made to accommodate frequency preference, it may not always be possible to do so

DECLARATION BY THE APPLICANT

Application is hereby made for authorisation under the Wireless Telegraphy Acts, 1926-1988 to operate a Paging System as specified above subject to the terms and conditions imposed by The Commission.

SIGNATURE OF APPLICANT: _____

NAME IN BLOCK LETTERS: _____

DATE: _____

The completed application form should be returned to (at present there is no fee for this application):

**The Commission for Communications Regulation
Licensing Unit
Abbey Court
Irish Life Centre
Lower Abbey Street
Dublin 1**

Phone: (01) 8049600

Fax: (01) 8049665