



Commission for
Communications Regulation

Application Form

Wireless Trial Licence

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An Coimisiún um Rialáil Cumarsáide

Commission for Communications Regulation

One Dockland Central, Guild St., Dublin 1, D01 E4X0.

1 Lárcheantar na nDugai, Sráid na nGildeanna, BÁC 1, D01 E4X0.

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Notes for Applicants

1. This application form sets out the standard information which is required for a wireless Trial licence.
In certain cases, the Commission for Communications Regulation may seek further information or clarification from the applicant.

2. To apply for a wireless Trial licence.

- Submit a complete application to the following email address;

info@testandtrial.ie

3. To submit a complete application, it is necessary:
 - to complete all sections of the form relevant to your application and
 - to submit the full licence fee with the application.

An application cannot be processed until ComReg has received a complete application.

4. If there is insufficient space on the application form, the applicant may append additional material in support of the application for a wireless Trial licence.
5. The fee for a wireless Trial licence is €500 per 12 months (maximum duration), scaled per month down to a minimum fee of €100. The table below shows the range of fees

Wireless Trial Licence Duration	Fee (€)
Up to 2 months	€100.00
2 to 3 months	€125.00
3 to 4 months	€166.67
4 to 5 months	€208.33
5 to 6 months	€250.00
6 to 7 months	€291.67
7 to 8 months	€333.33
8 to 9 months	€375.00
9 to 10 months	€416.67
10 to 11 months	€458.33
11 to 12 months	€500

6. If you have queries in relation to wireless Trial licences, please contact ComReg at;

info@testandtrial.ie

APPLICATION FOR WIRELESS TRIAL LICENCE

Section 1: Contact Details

Full Name of the Company, Firm or Person in whose name the Licence is sought:	
Trading Name: (If different from above)	
Business Address: Address: County or Postcode: Country:	
ComReg Account Number¹: (If applicable)	
Contact Name²:	
Phone No:	
E-Mail:	
Address to which the Licence / Correspondence is to be sent: (if different from address given above) Address: County or Postcode: Country:	

¹ This is the account number allocated to you by ComReg; it is unique for you/your company. You generally have an account number if you applied in the past to ComReg for any type of licence. This account number is printed on ComReg correspondence such as invoices, renewal notices etc.

² This is the person in your organisation to contact in relation to the licence application.

Section 2: Trial Details

Description of the Trial, for which a Trial Licence is sought. Please include the purpose/aims of the Trial in the description:	
Number of Participants in Trial No. of Business Users	
Number of Participants in Trial No. of Consumers	
Time(s) at which Trial will take place: (E.g. Business hours, All day, Etc.)	
Proposed Duration of the Trial: (Maximum duration is 12 months) Start date:	
End date:	
General Location(s) at which the Trial will be carried out:	
No. of Transmit Sites in the Trial: Please complete Section 3 of this form in respect of each transmit site in the Trial.	

Description of the equipment to be used in the Trial	
Equipment Type	Manufacturer & Model
<u>Radio Terminal details</u>	
<u>Antenna details</u>	
<u>Other Equipment details (if any)</u>	

Section 4: Other Details

Details on Other Third Parties involved in this Trial (if any):

Company Name / Address	
Nature of Involvement in Trial	

Any additional relevant information to this application (if any)

E.g. Any specific provisions / conditions necessary for the Trial should be included here.

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Section 5: Declaration Form – Wireless Trial Licence

I, _____,

of _____,

hereby apply to the Commission for Communications Regulation for a trial licence for the temporary use of radio spectrum for the purposes and with the equipment described by me in this form.

I have read and understood the document entitled, *Opportunities for Testing and Trialling Wireless Services and Technologies in Ireland, Application Form and Guidance Notes (05/35)*. I have also brought that document to the attention of each of the other third parties mentioned in this application form.

Additionally, I undertake to ensure that each of the participants involved in the trial is fully informed of the nature of the trial as reflected in the terms of this licence and, as a minimum is provided with the information contained in Appendix A of ComReg document 05/35.

I understand that any trial licence issued on foot of this application will be subject to such terms and conditions as may be set by the Commission. In particular, I am aware that any such trial licence will be of a temporary nature only and will not convey an entitlement to its renewal, the issue of a full authorisation or the continued use of radio spectrum.

I confirm that the information provided in this application is true and that it gives an accurate and complete account of the circumstances for which this application is made.

SIGNED

DATE

Section 6: Method of Payment

Please tick the relevant method of payment

Bank Transfer / Electronic Funds Transfer (EFT)	Transfers to ComReg's account should be made to: Bank of Ireland, 6 Lower O'Connell Street, Dublin 1. Account Number: 17806887. Sort Code: 90-00-33 BIC Code: BOFIE2D IBAN No: IE62 BOFI 9000 3317 8068 87. If making a bank transfer/EFT, please ensure that: <ul style="list-style-type: none">· Your Bank quotes your Name and "Wireless Trial Application" in making the transfer to ComReg.· You forward details of the date of and amount of payment to our Accounts Department (accounts@comreg.ie).
Credit Card	Credit card payments can be accepted <ul style="list-style-type: none">○ By completing the Credit Card payment form below and submitting this with your application. For existing ComReg account holders, credit card payments can also be accepted <ul style="list-style-type: none">○ Over the telephone, by contacting accounts department at 01 8049618○ On-Line, using www.licensing.comreg.ie

Credit Card Payment Form:

Type of Card: Visa Access / MasterCard Laser

Card Number : _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Cardholder's Name: _____

Cardholder's Address: _____

Expiry Date(MM/YY): _ _ _ _ _

Signature: _____

Date: _____