

THE UNITED REPUBLIC OF TANZANIA
TANZANIA COMMUNICATIONS REGULATORY AUTHORITY (TCRA)



TECHNICAL DETAILS FORM FOR AN APPLICATION TO PROVIDE CONTENT SERVICES

(Under Section 6 (2) (c) of the Electronic and Postal Communications Act No. 3 of 2010 and Section of the Tanzania Communications Regulatory Authority Act No. 12 of 2003)

A. APPLICANT INFORMATION: (*Applicable to all applicants*)

1. Applicant Details

Name of applicant	
Physical address	
Telephone number (Fixed and Mobile)	Fax number
E-mail address	Website
Type of service <input type="checkbox"/> Free To Air Radio <input type="checkbox"/> Free To Air Television <input type="checkbox"/> Content Services by subscription (Terrestrial Television) <input type="checkbox"/> Content Services by subscription (Cable Television) <input type="checkbox"/> Support Services for Satellite Content Services by Subscription <input type="checkbox"/> IPTV/VOD <input type="checkbox"/> Any Other Service (Describe)	

Contact Person	
Telephone number (Fixed and Mobile)	Fax number
E-mail address	Website
Receipt No. of Application Fees	

B. COMPANY INFORMATION: (*Applicable to all applicants*)

1. Name(s) of Shareholders/Directors and Shareholding structure (%)

S/No	Name of Shareholder	Citizenship	% Share

2. Share Capital of Company.....

3. Attach Feasibility Study and Cash Flow Analysis. Cash Flow Analysis should be prepared in format which conforms to International Financial Reporting Standards (IFRS).

C. TECHNICAL SPECIFICATIONS (*Applicable to AM/MW/FM Sound broadcasting applicants only*):

1. Transmitter Information:

S/No	Required Transmitter Information
1.1	Make and Type of Equipment

1.2	Manufacturer's Name and Address	
1.3	Antenna Type and make	Antenna Gain
1.4	Maximum Output Power	Effective Radiated Power (ERP)
1.5	Coordinates of the transmitting point (Deg, Min, Sec)	
1.6	Height of the transmitting tower above the ground (In Meters)	
1.7	Height of the transmitting tower above the sea level (In Meters)	
1.8	Station Type Main Station <input type="checkbox"/> Booster Station <input type="checkbox"/>	
1.9	Intended Service Area..... (Attach rollout plan) Do you intend to use Satellite Uplink? (Yes/No) If Yes, Provide Particulars of the organization and beaming satellite location, coordinates and operating frequencies/transponder	
1.10	Exact Studio Site Location (Area, Street, Block, Plot No. etc)	
1.11	Exact Antenna (Broadcasting) Site Location (Area, Street, Block, Plot No. etc) <i>Please, consult the Authority on Designated Transmitter Site:</i>	
1.12	Ownership of Transmitter Facility:	

	Leased Facility <input type="checkbox"/> Own Property <input type="checkbox"/> Shared Infrastructure <input type="checkbox"/> (Please, tick appropriate) If leased, Name of Lesser..... Address and Contact..... If shared, please mention name of companion
1.13	Frequency Band
1.14	2. Nominal Bandwidth..... 3. Type of Modulation..... 4. Class of Emission..... 5. Transmitter Power..... 6. Azimuth of Maximum Radiation in Degrees 7. Angular Width of Radiation Main Lobe in Degrees.....
1.15	Maximum Hours of Operation per day.....

2	For Cable Television , give particulars of Modulator equipment and accessories (Modulator make and type, cable type, etc)
3	For IPTV/VOD give particulars of head-end

D: ANTENNA MAST CONSTRUCTION: (*Applicable to all applicants deploying transmission masts*)

Contractor Name and Address	
Telephone number (Fixed and Mobile)	Fax Number
E-mail address	Website
Region	District
CRB Registration Number	
CRB Registration Category: Local <input type="checkbox"/> Foreign <input type="checkbox"/> (Tick Appropriate Category)	

E: STUDIO TECHNICAL SPECIFICATIONS (*For all Applicants*)

1. Section I– Studio technical specifications

i. Particulars of studio equipment (s)		
List of the equipment	Make and Type	Other particulars
1.		
2.		
3.		
4.		
5.		
6.		

7.		
8.		
9.		
10		
ii. Studio location		

Please attach Technical Brochures of studio accessories

2. Section II – Conditions for Studio Layout

Note: (Attach Studio Layout Diagram(s))

2.1	The applicant should ensure that there are provisions for Standard Production Studio Room, Live Studio Room, Control Room, News Room, Library etc.
2.3	The studio rooms should be designed with standard acoustic treatment materials designed and constructed by a registered professional company.
2.4	Waiting/ resting rooms for staff should be provided.
2.5	The Studio should be professionally fenced with provision of security.

3. Section III – ITU technical recommendations governing **digital studio construction**; Please, read and comply;

3.1	Video signals are encoded according to the Recommendation ITU-R BT.601 “Studio encoding parameters of digital television for standard 4:3 and wide-screen 16:9 aspect ratios” .
3.2	The design, construction and operation of digital equipment must take into consideration the need to mitigate/eliminate harmful interference, as a high priority, according to the recommendation ITU-R BT.803 “The avoidance of interference generated by digital television studio equipment” .
3.3	The Authority recommends minimum video encoding formats to be ITU’s MPEG-4/H.264 compliant (applicable to digital terrestrial television)

4. Section IV – Intended Multiplex Operator:

4.1 Name of the Multiplex Operator:

4.2 Location of Head-end:

F: STUDIO TO TRANSMITTER LINK (Applicable to *Digital Television and AM/MW/FM applicants*);

1. STL information for *Digital Television Feeds and AM/MW/FM Sound Broadcasting*;

Note: For STL links consult the Directorate of Information and Communication Technologies on applicable frequency range prior to acquisition of equipment.

S/No	Required STL Information	
1.1	Make and Type of Equipment	
1.2	Manufacturer's Name and Address	
1.3	Antenna Type and make	Antenna Gain
1.4	Maximum Output Power	Effective Radiated Power (ERP)
1.5	Coordinates of the transmitting point (Deg, Min, Sec)	Coordinates of the receiving point (Deg, Min, Sec)
1.6	Height of the transmitting tower above the ground (In Meters)	Height of the receiving tower above the ground level (in Meters)
1.7	Height of the transmitting tower above the sea level (In Meters)	Height of the receiving tower above the sea level (In Metres)
1.8	For fiber optic link, describe its components specifications and attach technical brochures (Information may be included in the project write-up);	
1.9	Attach any additional information	

2: Section III – Content Service information (***Applicable to all Applicants***);

2.1	Source of Programmes (Locally Produced/ Imported %) Note: The Regulations requires minimum 60% to be local. (Attach evidence of compliance with 2.1 above)	If imported please specify (Source, Copyright Agreements)
2.2	Type of Programmes (Commercial, Advertising, Cultural, Sports, Political, Religious, Entertainment etc)	Time and Hours of Operation per Day
2.3	Intended Charges to Viewers and Listeners (Applicable to Subscription Services)	Expected Date of Commencement of Operations (DD / MM / YYYY)
2.4	Please, attach a diverse seven day a week program schedule which conforms to the business plan objectives	

G. STAFF ESTABLISHMENT INFORMATION:

1. Please attach the following:	
1.1	Staff Establishment and Qualifications Present and Future
1.2	Staff Training Programmes
2. Attach additional information	
2.1	
2.2	
2.3	

H. Declaration

I hereby certify that information supplied in this application form is true in all aspects and I hereby declare that upon assignment of frequency or grant of Construction Permit (CP), I shall abide by the terms and conditions upon which the Frequency authorization /CP/ Licence is granted. I accept that the Frequency authorization/CP/ Licence may be revoked and appropriate penalty applied if it is found that I have been granted Frequency authorization/ CP/ Licence based on incorrect information furnished to the Authority or used an unassigned frequency channel.

Name	Relationship with applicant (e.g., Consulting engineer, etc.)
E-mail address	Telephone number
Signature and official stamp	Date (DD / MM / YYYY)

NOTE:

- (i) Fill the Form Carefully;
- (ii) Submit the Form to:

Director General
Tanzania Communications Regulatory Authority
P.O. Box 474
DAR-ES-SALAAM.

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1. EVALUATING OFFICER'S COMMENTS

I have evaluated the application and find that the information given is relevant/not relevant and therefore recommend/do not recommend for further evaluation by the Evaluation Committee.

Name

Title

Signature

Date

2. APPROVING OFFICER'S COMMENTS

The information on this form has been scrutinized and found complying/not complying with the rules and framework of the Broadcasting Services.

Therefore, approval for further evaluation by the Evaluation Committee is granted/not granted.

Name

Position

Signature

Date