

THE UNITED REPUBLIC OF TANZANIA  
TANZANIA COMMUNICATIONS REGULATORY AUTHORITY (TCRA)  
**ISO 9001:2015 CERTIFIED**



**APPLICATION FOR AUTHORIZATION FOR LANDING RIGHTS IN MAINLAND TANZANIA**

**(To be filled in Capital Letters)**

(Under Regulation 8 of the Electronic and Postal Communications (Radio and Television Broadcasting Content) Regulations, 2018)

**A. APPLICANT INFORMATION**

S/N	ITEM
1	Name of applicant ( Company Name)
2	Physical address
3	Telephone number (Fixed and Mobile) <span style="float: right;">Fax number</span>
4	E-mail address <span style="float: right;">Website</span>
5	Contact Person
6	Telephone number (Fixed and Mobile) <span style="float: right;">Fax number</span>
7	Receipt No. of Landing Rights Fee.....  Dated.....

## B. APPLICATION SUMMARY

S/N	ITEM	
1	Application receipt number	
2	Type of Permit	Landing Rights
3	Service area	Mainland Tanzania
4	Service Category ( Tick the appropriate)  <input type="checkbox"/> Subscription Content Services  <input type="checkbox"/> Free to Air Television Channels  <input type="checkbox"/> Other (Please specify)	
5	Market Segment (Tick the appropriate)  <input type="checkbox"/> National  <input type="checkbox"/> Regional  <input type="checkbox"/> District	

## C. COMPANY INFORMATION

S/N	ITEM
1	Applicant's Registration/Incorporation No. (Attach Certified copy).....  Date of Registration/Incorporation.....
2	Country of Registration/Incorporation

## D. TECHNICAL INFORMATION

### (i) Content Services by Subscription Provider (Aggregation information)

S/N	ITEM
1	Satellite name
2	band
3	Address

(ii) **Satellite Licensing Authority Information**

S/N	ITEM
1	Name of Licensing Body
2	Country
3	Licence No. .... Dated.....
4	Validity.....

(iii) **Technical Information**

Name of Satellite Transponder	Nature of Signal			
	<input type="checkbox"/> Encrypted  <input type="checkbox"/> Unencrypted  <input type="checkbox"/> Compressed	<input type="checkbox"/> Analogue  <input type="checkbox"/> Digital	<input type="checkbox"/> Band  <input type="checkbox"/> KU-Band  <input type="checkbox"/> KA-Band	<input type="checkbox"/> Free to Air  <input type="checkbox"/> Subscription
Up-Link Frequency: _____	Down-Link Frequency: _____		FEC: _____	
Transponder: _____	Symbol Rate: _____		Orbital Loc: _____	
Polarization: _____	Modulation: _____			
Encryption System: _____	EIRP: _____			
Up-Link Location: _____				

- Set Top Box (Hybrid or Non Hybrid)
  Proprietary
 Non  Proprietary

**Up-link Location**.....

**E. DECLARATION**

I hereby certify that information supplied in this application form is true in all aspects and I hereby declare that upon authorization, I shall abide by the terms and conditions upon which Landing Rights is granted. I accept that Landing Rights may be revoked and appropriate penalty applied if it is found that I have been granted authorization based on incorrect or false information furnished to the Authority.

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  
**14414 DAR-ES-SALAAM.**

**FOR OFFICIAL USE ONLY**

**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 authorization ~~process~~processes granted/not granted.

Name .....  
Position .....  
Signature .....  
Date .....