

TANZANIA COMMUNICATIONS REGULATORY AUTHORITY

ISO 9001:2015 CERTIFIED



APPLICATION FOR PUBLIC SWITCHED TELEPHONE NETWORK (PSTN) NUMBER RANGE ASSIGNMENT/RESERVATION

- 1. Application Form Fee Receipt No: ..... dated ...../...../.....
- 2. Name of Applicant: .....
- Physical Address .....
- Postal Address .....
- Telephone No: .....
- TCRA Application Service Licence Number: .....
- 3. Preferred Number Range applied for Assignment/Reservation: .....
- 4. Purpose of the applied PSTN Number Range: .....
- 5. Date by which the Assignment/Reservation is to be effected: .....
- 6. Geographical Area(s) where the service will be offered using the applied number range: .....
- 7. Planned date for the service to be operational using the applied number range: .....
- 8. Status of the existing Assignment/Reservation in the same geographical area(s): .....
- (i) Numbers allocated to end-users and are in service .....

9. Which networks/operators your network is directly interconnected with, and at what level of interconnection (*use separate sheet where necessary*).

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....
- (v) .....
- (vi) .....
- (vii) .....

10. Any other information that you consider appropriate to support your application:

.....  
.....

11. **DECLARATION**

I (name) ..... Title .....  
Hereby declare that the applied PSTN Number Range(s) will be used in accordance with the rules and framework of the National Numbering System.

Signature ..... Date .....

Place .....



**Note: The fully completed application form to be returned to:**

Director General,  
Tanzania Communications Regulatory Authority,  
P.O. Box 474,  
**14414 DAR ES SALAAM.**

Email: [dq@tcra.go.tz](mailto:dq@tcra.go.tz)