

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



**GUIDELINES ON SUBMISSION OF APPLICATIONS FOR UPGRADE OF CONTENT SERVICES (COMMERCIAL BROADCASTING-RADIO) LICENCES**

An application for upgrade of Content Services Licence in a binded booklet must contain the following:

1. Copy of existing Content Services Licence.
2. Evidence of latest fees payment.
3. Status of current roll-out (list service areas in operation).
4. Current status of Shareholding Structure.
5. Proposed areas of service (**Regional-09, National-at least 20**).
6. Dully filled and stamped application form:
  - Form CS (**Annex I**).
7. Application letter addressed to:

**The Director General**  
Tanzania Communications Regulatory Authority  
Mwasiliano Towers  
20 Sam Nujoma Road  
P.O.Box 474  
**14414 Dar Es Salaam**
8. An application fees receipt (**USD 1,000** or its equivalency in Tanzanian Shillings). Please request guidance on exchange rate and Control Number from the Authority.
9. **Certified copies** of the following legal documents:
  - a) Tax Clearance Certificate; and
  - b) National Identity Card for proof of citizenship of shareholders.
10. Detailed Business Plan for the new Market Segment (Licence to be upgraded to) with the following:
  - a) Revised Company Profile.
  - b) Revised Summary of Objectives for upgrade of the station.

- c) Revised financing plan (to prove financial capability):
  - i. Company's bank statement for companies in operation; or
  - ii. Shareholders' bank statement(s) for the station to be upgraded;
  - iii. Letter of commitment from sponsor (s); or
  - iv. Letter from bank guaranteeing loan or financial support.
- d) Revised five (5) years projected financial statement, cash flow and balance sheet for the **new market segment**.
- e) Revised Capital Investment Ratio (Equity: Debt).
- f) Manuals, brochures and technical specifications for the equipment/technology to be used.
- g) Schedule of roll-out plan and project implementation plan.
- h) Information on track record/experience (references).
- i) Revised of costing structure and service pricing.
- j) Revised customer base projection.
- k) Revised Human Resource Development Strategy.
- l) Revised customer care strategy (to ensure quality of service).
- m) Upgraded studio construction and layout.
- n) Revised station's Editorial Policy in the Authority's approved format (**Annex II**).
- o) Revised Programme Lineup for the **new market segment** in the Authority's approved format (**Annex III**).
- p) Revised documented procedure for broadcast content quality control.
- q) Revised organization or management structure.
- r) Revised Curriculum Vitae (CV) for key staff.

**Note:**

1. Applicants are required to submit one original and one copy of the printed application including an electronic copy in a CD, memory card or any other digital storage.
2. The applications can be delivered to the Authority's address in No.2 above or to the Authority's Zonal Offices in Arusha, Dodoma, Mbeya and Mwanza.

FORM: CS

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



**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)

**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
<p>Type of service</p> <p><input type="checkbox"/> Free To Air Radio</p> <p><input type="checkbox"/> Free To Air Television</p> <p><input type="checkbox"/> Content Services by subscription (Terrestrial Television)</p> <p><input type="checkbox"/> Content Aggregator</p> <p><input type="checkbox"/> Support Services for Content Services by Subscription</p> <p><input type="checkbox"/> IPTV/VOD</p> <p><input type="checkbox"/> Any Other Service (Describe)</p>	

**2.**

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

3	For IPTV/VOD give particulars of head-end
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4	For Support Services attach the following:- 1. Subscriber Service Level Agreement template; 2. Decoder specifications (type, make and capacity);

**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 <b>ITU-R BT.601 “Studio encoding parameters of digital television for standard 4:3 and wide-screen 16:9 aspect ratios”</b> .
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 <b>ITU-R BT.803 “The avoidance of interference generated by digital television studio equipment”</b> .
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)

**EDITORIAL POLICY GUIDELINES**

1. Name of the Station.....

2. Ownership: Private  Public

3. Market Segment: Community  District  Regional   
National

4. Category of Licence: Public  Commercial  Community

5. Nature of Content Provided:-

- Religious
- Educational
- Public
- Commercial
- Non Commercial
- Sports
- Music
- Any other

6. General Description of the Focus of the Editorial Policy.....

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7. Objective of Content

Provided.....

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8. Targeted

Audience.....

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9. Expected

Outcomes/Achievement.....

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## 10. Guidelines

<b>SN</b>	<b>GUIDELINE</b>	<b>DESCRIPTION OF THE GUIDELINE</b>
1	Fairness	
2	Balance	
3	Merit	
4	Journalistic Freedom	
5	Portrayal	
6	Privacy	
7	Editorial Independence	
8	Credibility	
9	Impartiality	
10	Accuracy	
11	Interviews	
12	Election Coverage	
13	Live Broadcasts	
14	Phone ins	
15	Citizen Journalism	
16	Social Media as source of news	
17	Internet as source of news	
18	Religious programmes	
19	Taste and Decency	
20	Health Programmes	
21	HIV/AIDS	
22	Gender	
23	Children	

24	Watershed	
25	Crime and anti Social Activity	
26	Disaster coverage	
27	Violence	
28	War reporting	
29	Disorder, Kidnapping and Hostages	
30	Bomb warnings	
31	Demonstrations	
32	Complaints Handling Procedures	
33	Customer care	

**Any other policy position of the station.**

I....., the Chief Executive Officer of the station do hereby declare that the information provided above, to the best of my knowledge, is true and correct.

If provided otherwise may disqualify my station from being considered for Licence.

**NAME OF STATION CEO:**

**SIGNATURE:**

**DATE AND OFFICIAL STAMP:**

**Annex III**

[INSERT DAY]

<b>Time</b>	<b>Program Name/Tittle</b>	<b>Specific Objective</b>	<b>Targeted audience</b>	<b>Expected Achievement</b>
05:00-05:30	Example. Mother and Children	To educate the society on the best way to take care of Children	Parents	Good care
05:30-06:00	Example. Music	Entertain	All (Youths and Elders)	Educate the society on number of issues such as Aids, relation at work using songs