

FIRST SCHEDULE

(Regulations 6)

Form 1B  
(Regulation 6)  
(To be completed in triplicate)



# ZICTA

ZAMBIA INFORMATION AND COMMUNICATIONS TECHNOLOGY AUTHORITY

The Information and Communication Technologies Act, 2009

(Act No. 15 of 2009)

The Information and Communication Technologies

(Type Approval) Regulations, 2011

APPLICATION FOR STANDARD TYPE APPROVAL

A. APPLICANT'S DETAILS		Information Provided	Check List (✓)
1	Type of Applicant (Tick Appropriate)	<input type="checkbox"/> Local Manufacturer <input type="checkbox"/> International Manufacturer <input type="checkbox"/> Commercial User <input type="checkbox"/> Licenced Operator      Licence Number: <input type="checkbox"/> Authorised Dealer      Registration Number: <input type="checkbox"/> Private user <input type="checkbox"/> Other      Specify:	(   )
2	Company Name		
3	Contact Person		(   )
4	Physical Address		(   )
5	Postal Address		(   )

6	Phone	Fixed: Mobile: Fax:	( )
7	Email:		( )
8	Required Documentation	<ol style="list-style-type: none"> <li>1. Declaration of conformity issued by Manufacturer</li> <li>2. Technical/Operational Documents of the RTTE including user/installation manual</li> <li>3. Test reports from accredited laboratory</li> <li>4. Circuit diagram, PCB layout, parts list and other relevant design information</li> <li>5. Photographs (external/internal)</li> <li>6. Label</li> <li>7. Test report issued by Accredited Test Labs recognized by ZICTA</li> <li>8. Proof of payment of Type Approval Fees to ZICTA</li> </ol>	
<b>B. TECHNICAL DETAILS OF THE EQUIPMENT</b>		<b>Information Provided</b>	
9	Equipment Category (Tick Appropriate)	<input type="checkbox"/> GSM <input type="checkbox"/> DECT <input type="checkbox"/> UMTS/3G/4G <input type="checkbox"/> TETRA <input type="checkbox"/> Amateur Radio	( )
		<input type="checkbox"/> Private Mobile Radio <input type="checkbox"/> Radar <input type="checkbox"/> Maritime Radio <input type="checkbox"/> Radar <input type="checkbox"/> RLAN	( )
		<input type="checkbox"/> Wimax <input type="checkbox"/> FWA <input type="checkbox"/> Microwave <input type="checkbox"/> Sound Broadcasting <input type="checkbox"/> TV Broadcasting	( )
		<input type="checkbox"/> WiFi <input type="checkbox"/> Bluetooth <input type="checkbox"/> RFID <input type="checkbox"/> Amateur Satellite Radio <input type="checkbox"/> Radio Navigation	( )
		<input type="checkbox"/> Satellite TV <input type="checkbox"/> VSAT <input type="checkbox"/> Analog PSTN <input type="checkbox"/> xDSL <input type="checkbox"/> Voice Equipment	( )
		<input type="checkbox"/> Leased Line Equipment <input type="checkbox"/> Switched Data <input type="checkbox"/> Other (Specify)	( )
	Intended Use	Private: <input type="checkbox"/> Commercial: <input type="checkbox"/> Retail: <input type="checkbox"/> Other: (specify)	
10	Equipment Details	Brand Name: Type Name: Model Number: Country of Origin:	

		Frequency Range (MHz):                      Bandwidth: Transmission Capacity:                      No. of Channels: Output Power (mW):                      Channel Spacing: Frequency Stability: Modulation Type(e.g. AM, FM, OFDM etc): ITU Emission Designator:									
11	Antenna Details	Type: [    ] Integral                      [    ] External Gain: Power Source: [    ] Power Source [    ] Connectors [    ] Software                      Others (Specify):									
12	Equipment License	[    ] Required                      [    ] Not Required									
13	Standards Compliance	<table border="1"> <tr> <td>EMC</td> <td>Test Report No.</td> </tr> <tr> <td>Radio</td> <td>Test Report No.</td> </tr> <tr> <td>Health and Safety</td> <td>Test Report No.</td> </tr> <tr> <td>Technology Specific</td> <td>Test Report No.</td> </tr> </table>	EMC	Test Report No.	Radio	Test Report No.	Health and Safety	Test Report No.	Technology Specific	Test Report No.	(    )
EMC	Test Report No.										
Radio	Test Report No.										
Health and Safety	Test Report No.										
Technology Specific	Test Report No.										
10	Serial Number of Sample Equipment Submitted for tests		(    )								

DECLARATION

I/we declare that all the particulars and information provided in this application are complete, correct and true and I/we agree that in the event that any of the said particulars and information provided is found to be untrue or fraudulent, the assignment/reservation will be revoked.

I/we agree that in the event that of the revocation of the assignment/reservation, any fees paid to the Authority in respect of the same shall be forfeited. I/we declare that in the event that the nature of my/our business changes, or I/we no longer carry out operations in terms of the assignment/reservation, I/we will notify the Authority in which case my/our assignment/reservation may be revoked or revised.

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by the following persons who are duly authorised to sign for and on behalf of the applicant under the authority of the Power of Attorney or Board Resolution which are hereby attached.

\_\_\_\_\_  
*Applicant's Name* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Signature*

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FOR OFFICIAL USE ONLY

Received by: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
*Officer*

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Serial No. of Applicant: \_\_\_\_\_

STAMP