

Coalition Provisional Authority (CPA) Ministry of Communications

Application for Broadcasting License or Satellite Broadcasting Uplink

Please submit one form for each station.

Date of Application
dd/mm/yyyy

CPA File Number

GENERAL INFORMATION

Name of Applicant	
Address	
City, Postal Code	Country
Telephones	Email

Applicant's Contact Representative	
Address	
City, Postal Code	Country
Telephones	Email

Application Purpose (please choose option)

- | | |
|---|---|
| ☐ New Application | ☐ Renewal of existing license. |
| ☐ Major Modification | ☐ Minor Modification |
| ☐ Major Change in Licensed Facility | ☐ Minor Change in Licensed Facility |
| ☐ Major Amendment to Pending Application | ☐ Minor Amendment to Pending Application |

Service Type (please choose option) One service per each application.

- ☐ AM ☐ FM ☐ TV ☐ Digital TV ☐ Digital Radio
☐ Satellite broadcasting uplink ☐ High Frequency (HF) Shortwave

Facility Type (please choose option)

- ☐ Main transmitter and antenna location ☐ Auxiliary or spare transmitter location

1) Community of License; and if different, the location of studio

City or town

Desired Frequency (MHz or TV channel number) (For HF, list all frequencies desired)

Transmitter and Antenna Location

Address

Coordinates

Latitude: ° ' " _____

Longitude: ° ' " _____

Transmitter Power (kW)

Antenna Gain (dBi) (Not applicable for AM and HF. Applicants for AM and HF stations are required to submit Annex A)

Antenna Polarization (Not applicable for AM and HF. Applicants for AM and HF stations are required to submit Annex A)

Antenna Elevation Above Average Terrain (meters) Not applicable for AM and HF. Applicants for AM and HF stations are required to submit Annex A)
(Disregard for satellite broadcasting uplink)

Radius of Signal Coverage (good listening or viewing)

(Disregard for satellite broadcasting uplink)

Approximate Population in above Coverage Area

(Disregard for satellite broadcasting uplink)

BROADCASTING INFORMATION

Purpose of Station
Political Affiliation
Broadcasting Content
Broadcasting Time
Current Number of Employees
Planned Number of Employees
Investment in station to date, and the expected investment to construct an operational station
Estimated First Year Operating Expenses

INTERESED PARTIES INFORMATION

List the applicant, and, if other than a natural person, its officers, directors, major stockholders and other entities with attributable interests, non-insulated partners and/or members.

Name	Citizenship	Citizenship	Percentage of Total Assets

INTERESTED PARTIES CERTIFICATION

I certify that the statements in the application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Printed name of person signing	Title or position of person signing
Signature	Date
Printed name of person signing	Title or position of person signing
Signature	Date
Printed name of person signing	Title or position of person signing
Signature	Date

PREPARER'S CERTIFICATION, IF DIFFERENT THAN INTERESTED PARTIES.

I certify that the statements in the application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Printed name of person signing	Title or position of person signing
Signature	Date

Submit applications to:

**Office of Spectrum Management
Coalition Provisional Authority
Ministry of Transportation and Communications
Republican Palace -- Room S-204
Baghdad, Iraq
DOD- DSN 318-239-5808/5809
Commercial (1) 781-280-5808/5809**

Or e-mail to: frequencylicense@orha.centcom.mil