



# TELECOMMUNICATIONS REGULATORY COMMISSION

## RADIO TELEPHONE OPERATOR LICENCE APPLICATION

(Please tick the appropriate box (es))

New

Change

### SECTION A – APPLICANTS DETAILS PLEASE COMPLETE IN BLOCK LETTERS

<b>Full Name</b> First Name _____ MI _____ Last Name _____  Distinguishing marks _____ Height _____  Certificate No. _____ Class _____ Name of Ship _____
<b>Place of Birth</b>  City _____ State _____ Country _____ Nationality _____
<b>Date of Birth</b> Date _____ Month _____ Year _____
<b>Physical Address</b> Street Address _____  City _____ State _____ Zip _____ Country _____  Telephone No.: _____ Telefax: _____ Email _____
<b>Mailing Address</b> Post Office Box _____  City _____ State _____ Zip code _____ Country _____

### SECTION B – DECLARATION

*I declare that all information shown above are correct to the best of my knowledge and that I will abide by the terms of the License, I also declare that I have no objection to the information (if applicable) being disclosed to the International Telecommunications Union.*

Signature of Applicant: \_\_\_\_\_

Full name (Block Capitals): \_\_\_\_\_

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

If you are signing on behalf of a Company or organization please state:

Name of organization: \_\_\_\_\_

Position: \_\_\_\_\_

**This application is not complete without the following items. Incomplete applications will not be processed. Items 1 and 2 are mandatory. All other items are based upon type of license requesting.**

1. Birth certificate or passport page (notarized copy or original to be copied in office)
  2. Two recent passport photos
- Certificates**
3. LRC certificate of competency or (notarized copy or original to be copied in office)
  4. SRC certificate of competency or (notarized copy or original to be copied in office)
  5. GOC or ROC certificate or (notarized copy or original to be copied in office)
  6. 1<sup>st</sup> or 2<sup>nd</sup> Class Electronic certificate or (notarized copy or original to be copied in office)

**Contact:**

Telecommunications Regulatory Commission  
Government of the British Virgin Islands  
L.M. Business Centre  
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[rmasac@gov.vg](mailto:rmasac@gov.vg)

### FOR OFFICIAL USE ONLY

Date of Issue: \_\_\_\_\_ Issued by: \_\_\_\_\_ Licence No.: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Receipt No. \_\_\_\_\_