

TELECOMMUNICATION AUTHORITY SURINAME



Application form for a permit to build, maintain and operate a VSAT Network

New

Extension

1. Applicant (Tick all that apply)	
<input type="checkbox"/> Natural Person <input type="checkbox"/> Legal Entity <input type="checkbox"/> Body governed by public law	Fill in table 2a Fill in table 2b Fill in table 2c

2a. Natural Person	
Name:	<input type="checkbox"/> Male/ <input type="checkbox"/> Female
Given name	
Type Identification	<input type="checkbox"/> ID-Card / <input type="checkbox"/> Drivers License/ <input type="checkbox"/> Passport
Address	Number:
Date of Birth	
Birth Place	
Telephone number	
E-mail address	

2b. Information of the Legal Entity	
Legal and organizational	
<input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Foundation <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative	<input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Association with full legal personality <input type="checkbox"/> Other:
Chamber of Commerce registration Number	
Company Name	
Address	
Contact person	
Job Title	
Name	<input type="checkbox"/> Male/ <input type="checkbox"/> Female
Given Name	
Date of birth	
Birth place	
Type of identification	<input type="checkbox"/> ID-Card / <input type="checkbox"/> Driver's License/ <input type="checkbox"/> Passport
Address	Number:
Phone number	
Email address	

*** Note: This application form is only for an permit to build, maintain and operate a VSAT Network in Suriname**

Tweede Rijweg no.47 hk. Cayottestraat – Paramaribo - Suriname – Phone: (597) 532523 - Fax: (597) 462985 - P.O.Box: 3013 -

website: www.tas.sr e-mail: tasur@sr.net

De Surinaamsche Bank: 7996276 SRD / 7996330 USD / 7996373 EUR

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2c. Information of the body governed by public law		
Name of the Institution:		
Address		
Contact Person		
Job Title		
Name	<input type="checkbox"/> Male/ <input type="checkbox"/> Female	
First name		
Birth date		
Birth Place		
Type Identification	<input type="checkbox"/> Id Card/ <input type="checkbox"/> Driver's License / <input type="checkbox"/> Passport	#:
Address		
Phone-number		
E-mail address		

What service will be performed with the VSAT network?
<input type="checkbox"/> Public Services: An open network where commercial services will be offered and sold to third parties.
<input type="checkbox"/> Private Services: A closed network in which the service will only be used within the applicants own company and is NOT to be used, offered or sold for commercial purposes to third parties.

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Satellite details (must be completed)

Satellite Commercial Name	
Satellite ITU network Name	
Satellite ITU Special section no.	
Orbital Longitude	
ITU Beam Designation	

Service Discription

Service Duration

- Permanently
- Temporarily : One month Three months Six months One year
- Other.....

Purpose

- Communications (Internet, VOIP etc.)
- Broadcasting
- Launch/ TOSS (Transfer Orbit Support Services)
- TTC (Tracking, Telemetry, Command & Monitoring)
- Other.....

Space Station Only

Space Station transmission characteristics

	Uplink (Earth to space)	Downlink (Space to earth)
Frequency (lower)	MHz	MHz
Frequency (upper)	Mhz	Mhz
Channel bandwidth	kHz	kHz
Emission Designation		
System data rate	kbits/s	kbits/s
Modulation type		

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Earth Station Only:

Site Address/ Location

A. Site Name		
Street/ Location		
City/Country		
Other:		
B. Geographic Coordinates of the location		
Longitude		
Latitude		
C. Site Manager or Site Contact		
Name		
Telephone Number		

Earth Station transmission Characteristics

	Uplink (Earth to space)	Downlink (Space to earth)
Frequency (lower)	MHz	MHz
Frequency (upper)	MHz	MHz
Transmitter power	Watts	Not applicable
Fixed Losses	dB	Not applicable
Channel bandwidth	kHz	kHz
Emission Designation		
System data rate	kbits/s	kbits/s
Modulation type <small>(FM, QPSK, 16QAM etc.)</small>		
Receiver interference threshold	Not applicable	dBw

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Antenna Characteristics

Manufacturer

Model

Description

Half power beam width

Maximum gain

Diameter of Dish

Front to back ratio

Polarization

Height above Ground

Azimuth

(Azimuth range NGSO)

Elevation angle

(Elevation range for NGSO)

	Uplink (Earth to space)	Downlink (Space to earth)
Manufacturer		
Model		
Description		
Half power beam width	deg.	Deg.
Maximum gain	dBi	dBi
Diameter of Dish	meters	meters
Front to back ratio	dB	dB
Polarization		
Height above Ground	meters	meters
Azimuth	Deg. True	Deg. True
Elevation angle	deg. Above horizontal	deg. Above horizontal

Type of radio transmitting equipment

What type (s) radio transmitting devices will be used? (Multiple answers possible)
<input type="checkbox"/> VHF radio
<input type="checkbox"/> AIS
<input type="checkbox"/> Handheld transceiver VHF
<input type="checkbox"/> Handheld transceiver UHF
<input type="checkbox"/> Handheld transceiver GMDS
<input type="checkbox"/> satellite EPIRB Inmarsat
<input type="checkbox"/> PLB
<input type="checkbox"/> Inmarsat satellite communication
<input type="checkbox"/> medium wave/shortwave radio-transmitting device
<input type="checkbox"/> medium wave radio-transmitting device
<input type="checkbox"/> telex over radio
<input type="checkbox"/> search and rescue transponder (SART)
<input type="checkbox"/> radar X-band (9 GHz)
<input type="checkbox"/> radar S-band (3 GHz)
<input type="checkbox"/> scrambler
<input type="checkbox"/> active radar reflector
<input type="checkbox"/> other,.....

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In closing documents for eligibility for processing the application:

- A completed application by the TAS
- Copy valid ID card or driver's license/Passport
- Extract from the population register (for natural person only)
- Extract of Chamber of Commerce
- Copy articles of Association
- Detailed service description
- Technical information of the equipment to be used
- A map or sketch of the radio site location
- Manufacturers statement equipment (equipment meets international standards)
- Antenna Information
- For a new application for Private Services:**
A deposit slip of US \$ 100.00 (one hundred US Dollars) or the equivalent in Surinamese Courant at the prevailing exchange rate of the Central Bank of Suriname quoting “**request for an application for a license to build, maintain and operate a VSAT network for Private Services** and a deposit slip of A deposit slip of US \$ 150.00 (one hundred and fifty US Dollars) or the equivalent in Surinamese Courant at the prevailing exchange rate of the Central Bank of Suriname quoting “**request for granting an application for a license to build, maintain and operate a VSAT network for Private Services**
- For a new application for Public Services:**
A deposit slip of US \$ 500 (Five Hundred US Dollars) or the equivalent in Surinamese Courant at the prevailing exchange rate of the Central Bank of Suriname quoting “**request for an application for a license to build, maintain and operate the VSAT network for Public Services** and a deposit slip of A deposit slip of US \$ 150.00 (one hundred and fifty US Dollars) or the equivalent in Surinamese Courant at the prevailing exchange rate of the Central Bank of Suriname quoting “**request for granting an application for a license to build, maintain and operate a VSAT network for Public Services**
- For Renewing an application for Private or Public Services:**
A deposit slip of US \$ 150.00 (One hundred and fifty US Dollars) or the equivalent in Surinamese Courant at the prevailing exchange rate of the Central Bank of Suriname quoting “**request for Granting or Renewing a license to build, maintain and operate a VSAT network for Private Services / Public Services**

* Foreign nationals should also provide a copy of a valid residence document.

Deposit account number (The SURINAAMSCH BANK): SRD 7996276 / USD 7996330 /EURO 7996373 in the name of telecommunications authority Suriname (TAS)

Foreign Transfers information:

Swift Code: SURBSRPA

Beneficiary Bank: De Surinaamsche Bank

Beneficiary: Telecommunicatie Autoriteit Suriname (TAS)

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The undersigned declares to have this application form fully and truthfully completed and is aware that incomplete and/or incorrect statements, as well as for the evaluation of the concealment of all relevant circumstances, to accept risk makes the license void

Signature	Place	Date

Date:	Stamp TAS, name and initials of the officer of the TAS:

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