**APPLICATION FOR SHORT TERM FREQUENCY USE E-PERMIT**

**APPLICANT (ALL FIELDS REQUIRED)**

|  |  |  |
| --- | --- | --- |
| **Name** (Company, Association, etc.) | **Address** (Company, Association, etc) | |
| **Company** (Association, etc.) **registered number** | **Company** (Association, etc.) **E-mail\*** | |
| **Responsible person during event, Phone / E-mail** | | E-LICENCE(-S) WILL BE SENT ONLY ELECTRONICALLY BY E-MAIL\* |

**BILLING INFORMATION**

|  |  |
| --- | --- |
| **Billing postal address** (in case of a specific address), **Billing E-mail\*\* (**if differs from company e-mail \*) | |
| **PLEASE TICK THE BOX TO RECEIVE INVOICE (-S) ELECTRONICALLY BY E-MAIL\*\*** (invoice will not be sent to You by post) |  |

**EVENT**

|  |  |
| --- | --- |
| **Name of the event** |  |
| **Time of use** |  |
| **Location (address) of the event** |  |

**PMSE (Mics, in-ear monitors etc.) RADIO EQUIPMENT USAGE**

|  |  |  |
| --- | --- | --- |
| **Model** | **Manufacturer** | **Frequency band, MHz** |
|  |  |  |

**PMSE (Video links - fixed, mobile, portable etc.) RADIO EQUIPMENT USAGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Model** | **Manufacturer** | **Frequency, MHz** | **Tuning range, MHz** | **Class of Emission** | **Max transmit power, W** |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Signature | Name | Date |
|  |  |  |