

SCHEDULE 2.3

SIMPLIFIED TYPE APPROVAL APPLICATION FOR RADIO (RF) EQUIPMENT AND TELECOMMUNICATION TERMINAL EQUIPMENT (TTE) FOR USE IN SOUTH AFRICA

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from TALinfo@icasa.org.za.

Note: Please use black pen and fill all the mandatory fields as denoted by asterisk *

***1. Name and address of Company within the borders of the RSA in whose name the Type Approval Certificate must be issued:**

Name of Company: _____

Company Registration Number: _____

Vat Number: _____

Physical Address: _____

_____ Code _____

Postal address: _____

_____ Code: _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No.: (_____) _____ Fax No.: _____

Cell No.: _____

***2. Name and address of any other person or organisation acting on behalf of the applicant:**

Name: _____

Address: _____

_____ Code: _____

Contact Person: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***3. Name and address of the person or company responsible for payment of the Type Approval fees:**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Email address: _____

Telephone No.: _____ Fax No.: _____

Cell No.: _____

***4. Name and address of original equipment manufacturer:**

Name: _____

Address: _____

Code: _____

Contact Person: _____

Email Address: _____

Website: _____

Telephone No.: _____ Fax No.: _____

***5. Equipment description: _____**

If the equipment was previously approved by the Authority, please provide the following information:

Type Approval Number: _____

Date of the Equipment approval: _____

Model / Brand Name: _____

5.1 Name of Equipment: _____

5.2. Equipment Category (Please indicate appropriate description of your equipment)

Category 1: Radio Frequency Equipment (RF Equipment)									
GSM / IMT-2000	<input type="checkbox"/>	WiMax	<input type="checkbox"/>	TETRA	<input type="checkbox"/>	DECT	<input type="checkbox"/>	Satellite	<input type="checkbox"/>
Two-way radio transceiver	<input type="checkbox"/>	Point-to-multipoint link	<input type="checkbox"/>	Point-to-point link	<input type="checkbox"/>	Receiver only	<input type="checkbox"/>	Repeater	<input type="checkbox"/>
RLAN(WLAN)	<input type="checkbox"/>	RFID	<input type="checkbox"/>	LTE	<input type="checkbox"/>	SRD	<input type="checkbox"/>	Model control	<input type="checkbox"/>
Wideband wireless systems	<input type="checkbox"/>	Wireless audio systems	<input type="checkbox"/>	Wireless microphones	<input type="checkbox"/>	Paging systems	<input type="checkbox"/>	Broadcast	<input type="checkbox"/>
Inductive loop system	<input type="checkbox"/>	Smart Metering	<input type="checkbox"/>	Telecontrol, Telemetry	<input type="checkbox"/>	Monitoring equipment	<input type="checkbox"/>	Measuring equipment	<input type="checkbox"/>
Passive component	<input type="checkbox"/>	Amplifiers	<input type="checkbox"/>	LPVS	<input type="checkbox"/>	AVI	<input type="checkbox"/>	RTTT	<input type="checkbox"/>
FDDA	<input type="checkbox"/>	Other describe _____							<input type="checkbox"/>
Category 2: Telecommunications Terminal Equipment (TTE)									
Transmission Systems	<input type="checkbox"/>	DECT	<input type="checkbox"/>	E1	<input type="checkbox"/>	Soft switch		<input type="checkbox"/>	
Switching and Signalling Systems	<input type="checkbox"/>	ISDN BRI	<input type="checkbox"/>	VOIP Systems	<input type="checkbox"/>	International Gateway		<input type="checkbox"/>	
Telephone Networks	<input type="checkbox"/>	ISDN PRI	<input type="checkbox"/>	Measuring Equipments	<input type="checkbox"/>	Copper Transmission		<input type="checkbox"/>	
Data Communication Networks	<input type="checkbox"/>	ADSL	<input type="checkbox"/>	Lines, connections and circuits	<input type="checkbox"/>	DVB		<input type="checkbox"/>	
Powerline Telecommunication	<input type="checkbox"/>	PSTN Legacy	<input type="checkbox"/>	Fibre Optics	<input type="checkbox"/>	Audio-Visual Systems		<input type="checkbox"/>	
Telex, teletext, telefax	<input type="checkbox"/>	Telephone equipment	<input type="checkbox"/>	Copper	<input type="checkbox"/>	Other Describe _____		<input type="checkbox"/>	

5.3 Details of equipment marketed in South Africa (If different from original manufacturing equipment):

5.3.1 Equipment Type _____

5.3.2 Model: _____

6. Modifications (if any) to rectify non-compliance. (Attach additional sheets if required)

***7. For ICASA inspections please indicate where modifications (if any) and maintenance work on this equipment will be carried out.**

Company: _____

Address: _____

_____ **Code:** _____

Telephone No: _____ **Fax No:** _____

Contact Person: _____

***8. Person(s) to whom technical enquiries may be directed.**

(i). Name: _____ **Telephone No:** _____

(ii). Other: _____

9. Type Approval fee:

9.1 The prescribed Type Approval fee must be paid into ICASA's banking account and ICASA's banking details are as follows:

Type of Account:	Deposit Account
Account Number:	1462002927
Branch Code:	146245
Bank:	Nedbank
Swift Address:	NEDSZAJJ
Reference:	Document Number (from the invoice)

Bank Address is as follows:

**Nedcor Limited
135 Rivonia Road
Sandton
South Africa
2196**

10. Labels

Note: The cost of labels is additional to the Type Approval fee.

10.1. Please indicate the type of label that will be used on the equipment:

- E-label
- Printed label

10.2. If Printed label is indicated in 10.1, please indicate where the labels will be obtained:

- Order from ICASA (indicate quantity in 10.3.)
- Self-print (complete details in 10.4)

10.3. Please indicate the number of prescribed labels to be issued with this Type Approval application:

TYPE	QUANTITY
SMALL LABELS	

10.4. If Self-print is indicated in 10.2., please fill in the details of the printing company

Company Name: _____

Company Registration Number: _____

Physical Address: _____

_____ **Code:** _____

Website: _____

Contact Person: _____

Email Address: _____

Telephone No: _____ **Fax No:** _____

***11. Type of application (Please tick the correct one).**

New Application Untested variant Tested variant Badge Engineering

***12. Submission of Application forms:**

12.1 Postal address:

The completed application form and required information must be submitted to:

The Manager
Type Approval & Licensing Unit
Independent Communications Authority of South Africa (ICASA)
Private Bag X10002
SANDTON, 2196
South Africa

12.2 Physical address:

Completed application documentation may also be delivered by hand to:

ICASA Head Office
Pin Mill Farm, Block B
164 Katherine Street
SANDTON 2196
South Africa

12.3 Submitted electronically to: TALApplication@icasa.org.za.

***13. UNDERTAKING BY APPLICANT:**

13.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects reasonably required for testing, inspection and/or evaluation purposes.

13.2 I/We undertake that all equipment supplied, subsequent to the issue of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

13.3 I/We accept that the type approval of the aforementioned system is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the supplementary conditions imposed by ICASA from time to time.

13.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....
(APPLICANT)

I certify that this declaration was signed and sworn to before me at on the.....day of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

COMMISSIONER OF OATHS

Name:

Address:

Capacity: