

## SCHEDULE 2.1

### STANDARD TYPE APPROVAL APPLICATION FOR RADIO FREQUENCY (RF) EQUIPMENT 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](mailto:TALinfo@icasa.org.za).

Note: Please use black pen and fill all the mandatory sections 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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*3. Name and address of the person or company responsible for the 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 (OEM):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**\*5. Brief description of the Equipment:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**5.1 Name of Equipment:** \_\_\_\_\_

**5.2 Original Equipment details:**

**5.2.1 Category: (Please indicate the appropriate description of your 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"/>

**5.2.2 Frequency band: (Please tick the appropriate frequency band)**

- 9 kHz - 30 MHz       30 - 390 MHz       390 - 890 MHz   
 0.89 - 3 GHz       3 - 10 GHz       10 - 20 GHz   
 20 - 40 GHz       > 40 GHz

**5.2.3 Model:** \_\_\_\_\_

**5.2.4 Operating Frequency Range:** \_\_\_\_\_

**5.2.5 ITU Emission Classification:** \_\_\_\_\_

**5.2.6 Modulation Type:** \_\_\_\_\_

**5.2.7 Transmit Power EIRP:** \_\_\_\_\_

**5.2.8 Channel Spacing:** \_\_\_\_\_

**5.2.9 Special Features:** \_\_\_\_\_

**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:**

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

**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. Indicate whether the equipment is intended for use as:**

Stand-alone	
Dual interface equipment (RF and Telecomms)	
Plug-in card	
Modular	
Other	

**13. The following documentation MUST accompany this application:**

**13.1 Technical, physical, operational, installation and user information.**

**13.2 A functional description of the equipment, at least at block diagram level.**

**13.3 Test reports (RF, EMC & Safety), confirming compliance with the relevant standards, in soft copy in PDF format / CD ROM (issued by any accredited testing facility).**

**13.4 A functional block diagram including photographs (digital also acceptable).**

**14. Submission of Application forms:**

**14.1 Postal address:**

**The completed application form and support documentation must be submitted to:**

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

**14.2 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**

**14.3 Submitted electronically to:** [TALApplications@icasa.org.za](mailto:TALApplications@icasa.org.za)

**\*15. UNDERTAKING BY APPLICANT:**

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

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

15.3 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.

15.4 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: