



**PUBLIC UTILITIES  
COMMISSION  
BELIZE**

**P.O. Box 300, Belize City, Belize, Central America**  
**Tel: 501-223-4938 Fax: 501-223-6818 E-mail: [telecom@puc.bz](mailto:telecom@puc.bz)**

**REGISTRATION**  
**TRANSMIT/RECEIVE SATELLITE SYSTEM**

Private  Registered Co.  Broadcasting

*Fields that are mandatory are indicated by an \*. Application form must be completed as thoroughly as possible.*

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

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

*(Note: Mailing address must be accurate)*

P.O. Box: \_\_\_\_\_ \*Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

First Registration?  Yes  No

Date of Previous Registration: \_\_\_\_\_

\*Band in which terminal will operate  Ku  C  other

\*Antenna: Size (feet) \_\_\_\_\_

Make:  Local  Imported

Orientation:  Automatic  Manual

RF Amp:  LAN  LNB

Feed Horn:  Single Feed  Dual Feed

\*Location – District: \_\_\_\_\_

\*Street: \_\_\_\_\_

\*Latitude: \_\_\_\_\_ \*Longitude: \_\_\_\_\_

Transmit Frequency: \_\_\_\_\_ Bandwidth: \_\_\_\_\_

Receive Frequency: \_\_\_\_\_ Bandwidth: \_\_\_\_\_

Kindly attach equipment details on a list if space below is not sufficient.

Receiver:

**\*Manufacturer:** \_\_\_\_\_

**\*Model:** \_\_\_\_\_ **\*Serial No:** \_\_\_\_\_

**\*Model:** \_\_\_\_\_ **\*Serial No:** \_\_\_\_\_

Videocipher:             Built – in                             Separate                             None

\*Name of Responsible Person: \_\_\_\_\_

**Declaration:**

**I declare that the contents of this application form and any enclosures are true and correct in all aspects.**

Print Name of Applicant: \_\_\_\_\_

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

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

Approved: \_\_\_\_\_

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

Registration No.: \_\_\_\_\_

Fee/Year: \_\_\_\_\_

License Fee: BZ\$300 per annum per system