

info@puc.bz

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#4 Princess Margaret Drive 2nd Floor, Marina Towers, Belize City, Belize

REGISTRATION SATELLITE PHONE

□ Private	□ Registered Co.		□ Broadcasting
Fields that are mandatory o	ure indicated by an *. Application fo	orm must be completed as	thoroughly as possible.
*Name:			
*Address: (Note: Mailing address	s must be accurate)		
P.O. Box:	*Telephone:	Fax:	
Email address:			
First Registration?	□ Yes		□ No
Date of Previous Regis	tration:		
*Dates (Time period) for use of phone in Belize: Start: End:		_ End:	
Kindly attach equipme	nt details on a list if space bel	ow if not sufficient.	
Phone details: * Manufacture	r:		
*Model:	*Serial	No:	
*Model:	*Serial	*Serial No:	
*Model:	*Serial	*Serial No:	







Note: If serial numbers are not readily available, indicate this as "N/A" in field. You must provide serial numbers to the PUC immediately after phones are released from Customs.
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: Not applicable

