



GOVERNMENT OF THE FEDERATED STATES OF MICRONESIA
DEPARTMENT OF TRANSPORTATION, COMMUNICATION AND INFRASTRUCTURE
DIVISION OF COMMUNICATIONS
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APPLICATION FOR LAND AND SHIP STATIONS

(Except Amateur, Citizens and Broadcast Operations)

FSMTCI-003

PART I - APPLICANT:

(a) Individual Corporation Government Entity Partnership Unincorporated Association Other

(b) NAME _____ (j) Nature of business: _____
 And radio communications will be used for the following purposes: _____

(c) MAILING ADDRESS _____ (k) Corporation organized under laws of: _____
 Email Address: _____ Main office located at: _____

(d) Residence or Business Address if different from (c) above. _____ (l) List Officers with position and citizenship of each: _____

(e) Date of Birth: (mm/dd/yy) _____
 Place of Birth _____

(f) Citizenship: FSM U.S.A Other
 Specify: _____

(g) Is applicant a representative of an alien or foreign government?
 YES NO
 If YES, explain: _____

(h) Name of Partner: _____
 Date of Birth: (mm/dd/yy) _____
 Place of Birth: _____

(i) Has applicant as licensee or operator of any radio station had license suspended, revoked cancelled or been issued a notice of violation within the past five years? YES NO If YES, Explain: _____
 License or authorization numbers held at time action taken: _____
 Station Call Sign: _____
 Location: _____
 Reason and final action: _____

(m) List Board Members who are not F.S.M or U.S citizens.
 List each person by their citizenship. _____

PART II - APPLICATION:

(a) New Renewal Amendment or modification (b) Land, fixed/coastal Land mobile/portable Ship

(c) Present Call Sign: _____ (i) Ship Station only. Provide the following information on frequencies on which station is capable of establishing communications with foreign stations in accordance with Sec. 2.42(c) (2), TT Communications Regulations:

(d) List and attach original of last authorization issued: (e) Purpose of amendment or modification: (f) If for addition to existing network, identify network:	Location	Call	Frequency	Emission
(g) Land Station: Latitude: _____ Longitude _____ Location (Village, island, state): _____ Area of operation of mobile/portable operations _____				

(h) Ship Station: Name of vessel: _____
 Home Port: Req. No. _____
 Ownership: Applicant: Other Specify _____

 Address and relationship to applicant: _____
 Area of navigation: _____

(j) Frequencies and Emissions Requested. Ship Station-do not include those used under provisions of Sec. 2.42 (c) (2) of TT Communications Regulations.

(i) Bandwidth/emission:	Frequency	Emission		Point of Communications
		Telephony (AM or SSB)	Other Specify	

