

ORDER

1. THIS ORDER is issued by the Regulatory Authority of Bermuda in accordance with sections 13 and 63 of the Regulatory Authority Act 2011 and paragraph 2 of the Schedule to the Regulatory Authority of Bermuda (Grant of Spectrum Licences, Permits, and Exempted Frequencies) General Determination 2020 (the "GD").
2. The General Company Eligibility Requirements Form set out at Annex A shall be used in connection with all applications for HDS and NHDS radio spectrum frequencies made pursuant to the GD.
3. A Microsoft Excel version of the Master Application Form entitled "2020 12 10_Master Application Form – Final", an illustrative draft of which is set out at Annex B, shall be used in connection with all applications for HDS and NHDS radio spectrum frequencies made pursuant to the GD.
4. This Order shall become effective on the date of its publication.
5. So ordered this 14th day of December 2020.



Chairman, Regulatory Authority of Bermuda



Spectrum Licence

Company Eligibility Requirements Application Form

A. Company Information

A.1	Applicant Company Name Registered with Bermuda Registrar of Companies <input type="text"/>
	Applicant Company Name if above is different to the holder of the COL or ICOL under the ECA. <input type="text"/>
A.2	Please provide the Company Registration Number from the Bermuda Government. <input type="text"/> Please attach a copy of the appropriate document from the Registrar of Companies.
A.3	Is the Company Eligible to Engage in Business in Bermuda? (Yes / No) <input type="text"/> (Yes / No)
A.4	Does the Company have a Certificate of Compliance under the Companies Act 1981? <input type="text"/> (Yes / No) Please attach a copy of the appropriate document from the Ministry of Economic Development
A.5	Is the Company in possession of a current COL or ICOL issued by the Regulatory Authority under the ECA? <input type="text"/> (Yes / No) If Yes – please provide the COL or ICOL Reference Number.

Submission Details:

Name:	
Title:	
Date of Submission:	
Authorized Signature:	



Master Application Form Spectrum

Application Type		To be completed by all applicants
A.1	Licence Request Type	<input type="checkbox"/> Fixed Wireless Access - Section C <input type="checkbox"/> Point to Point Microwave - Section D <input type="checkbox"/> Commercial Mobile Radio Service - Section E <input type="checkbox"/> Other Mobile Radio Service - Section F <input type="checkbox"/> Wireless Cable Service - Section G <input type="checkbox"/> Non-Commercial - Section H
A.2	Application Type	<input type="checkbox"/> New Application <input type="checkbox"/> Variation on existing licence - Please provide existing licence number below <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <input type="checkbox"/> Other - please explain below <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
A.3	Is this application for:	<input type="checkbox"/> High Demand Spectrum ("HDS") <input type="checkbox"/> Commercial Non High Demand Spectrum <input type="checkbox"/> Non- Commercial Non High Demand Spectrum
A.4	If requested assignment of frequency is less than 12 months, please indicate requested time period.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
A.5	The RA requires a cover letter provided by the applicant containing a reasonable justification for the use of the applied for spectrum.	<input type="checkbox"/> Cover Letter attached to this application

Applicant Details**To be completed by all applicants**

B.1	Applicant Details Company Name Alternate Trading Name of Company Company Address Name of party making this submission Title Telephone Number (Direct) Telephone Number (Mobile) Email
B.2	Is the Applicant <input type="checkbox"/> An ICOL or COL Holder under the ECA. If so - please provide ICOL or COL Reference number below <input type="checkbox"/> A Bermuda Government Ministry or Department. If so - please provide details below. <input type="checkbox"/> Other - please provide details below
B.3	Did the Applicant complete a Company Eligibility Requirement Form? <input type="checkbox"/> Yes - copy attached to this submission <input type="checkbox"/> No - please provide reasoning below

Fixed Wireless Access																																													
A fixed point-to-multipoint Radiocommunication Service between an Electronic Communications Network and End-User premises and, for the avoidance of doubt, does not include Commercial Mobile Radio Services.																																													
C.	Technical Details																																												
C.1	Please specify whether the request is for Time Division Duplex ("TDD") or Frequency Division Duplex ("FDD") <input type="checkbox"/> Time Division Duplex ("TDD") Please fill out Section C.2 below <input type="checkbox"/> Frequency Division Duplex ("FDD") Please fill out Section C.3 below																																												
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Point to Point Microwave
A microwave transmission path between two fixed geographical points.

A microwave transmission path between two fixed geographical points.

[illegible]

Commercial Mobile Radio Service

A Radiocommunication Service, the functionality of which enables the continued use of such service during movement between radio coverage cells with no interruption of service during the handover from cell to cell, or as otherwise defined by the RA.

E.	Technical Details																																																
E.1	<p>Please specify the mobile frequency band (s) e.g. 850 MHz, PCS, AWS etc</p> <table><tr><td>Band Name 1</td><td></td></tr><tr><td>Band Name 2</td><td></td></tr><tr><td>Band Name 3</td><td></td></tr><tr><td>Band Name 4</td><td></td></tr></table>	Band Name 1		Band Name 2		Band Name 3		Band Name 4																																									
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Other Mobile Radio Service

A one-way or two-way Radiocommunication Service between a fixed Radio Station and mobile Radio Station or between two mobile Radio Stations but does not include Commercial Mobile Radio Service.

F.

Technical Details

F.1

Please specify the frequency band (MHz)

Lower Frequency

MHz

Upper Frequency

MHz

F.2

Site Details

Assigned Frequencies		Base / Repeater Station Location	Base / Repeater Location GPS Example of GPS format: 32° 17' 58.34" N - 64° 45' 57.24" W	Antenna height above ground level (m)
Transmit (TX)	Receive (RX)			

Notes:

Inaccurate data may lead to this application being denied

Please add additional lines above as necessary to document all base / repeater sites

Wireless Cable Service

A fixed point-to-multipoint Radiocommunication Service for the distribution of Subscription Audiovisual Services, or as otherwise defined by the RA.

G.	Technical Details																																													
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Non-Commercial NHDS

Non-commercial NHDS licences are intended to cover a variety of spectrum requests that do not fall under the HDS and Commercial Non-HDS headings.

H	Technical Details																																
H.1	<p>Type of request</p> <p><input type="checkbox"/> Temporary use for special event (s)</p> <p><input type="checkbox"/> Technical Testing</p> <p><input type="checkbox"/> Non-Commercial trials</p> <p><input type="checkbox"/> Other non-commercial use (please explain this request below)</p> <p>Please detail the reason for the type of request below</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>																																
H.2	<p>Requested Timeframe for spectrum licence</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Note - Non-commercial NHDS licences shall have a maximum term of ten years and be renewable at the RA's discretion</p> <p>Justification for timeframe (if applicable)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																
H.3	<p>Type of Spectrum Required</p> <div style="display: flex;"><div style="flex: 1;"><p><input type="checkbox"/> Fixed Wireless Access</p><p><input type="checkbox"/> Point to point Microwave</p><p><input type="checkbox"/> Commercial Mobile Radio</p><p><input type="checkbox"/> Other Mobile Radio Service</p><p><input type="checkbox"/> Satellite Communications</p><p><input type="checkbox"/> Other (please explain below)</p></div><div style="flex: 1;"><p>Instructions (in addition to this Section H)</p><p>Please refer to Section C for the details of what technical information is required</p><p>Please refer to Section D for the details of what technical information is required</p><p>Please refer to Section E for the details of what technical information is required</p><p>Please refer to Section F for the details of what technical information is required</p><p>Please see Section H.4 below for details of what technical information is required</p><p>Please add details below</p></div></div> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>																																
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