

# Coastal Station Radio (Training school) licence application form

## Introduction

This application form must be completed in order to apply for a Coastal Station Radio (Training School) licence to cover the installation of a Maritime radio base station on land within the United Kingdom for the purposes of training and examination of Maritime radio operators.

Please answer fully the questions in the form. The more information we have, the quicker we will be able to process the application. Missing information may delay it. If you give false or misleading information your licence may be revoked and you could be subject to prosecution.

Ofcom prefers to communicate electronically. Please provide email addresses wherever possible. Note that as the licensee you can opt out of email correspondence in the declaration section. All other contacts where email addresses are provided will receive communications electronically.

Once complete, this application form should be sent to the Spectrum Licensing Team at the address given at the end of the application form.

Any queries concerning your application should also be directed to the Spectrum Licensing Team on 020 7981 3131 or via email at [spectrum.licensing@ofcom.org.uk](mailto:spectrum.licensing@ofcom.org.uk).

## How we use your data

We require this information in order to carry out our licensing duties under the Wireless Telegraphy Act. Please see Ofcom's General Privacy Statement for further information about how Ofcom handles your personal information and your corresponding right:

[www.ofcom.org.uk/about-ofcom/foi-dp/general-privacy-statement](http://www.ofcom.org.uk/about-ofcom/foi-dp/general-privacy-statement)

## Section A

## Contact details

**A.1** If you are an existing licensee please provide your customer reference number and go to question A.4. If not, go to question A.2.

**A.2 Who is the licence to be issued to?**

A licence can only be issued to a legal entity. Ofcom recognises the following types of entity, please tick the relevant box:

- |                                                     |                                                     |                                                |
|-----------------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> individual or sole trader  | <input type="checkbox"/> public body                | <input type="checkbox"/> religious body        |
| <input type="checkbox"/> partnership                | <input type="checkbox"/> local government           | <input type="checkbox"/> NHS England and Wales |
| <input type="checkbox"/> limited company/plc        | <input type="checkbox"/> registered charity         | <input type="checkbox"/> NHS Scotland          |
| <input type="checkbox"/> unincorporated association | <input type="checkbox"/> university/educational non | <input type="checkbox"/> NHS Northern Ireland  |
| <input type="checkbox"/> government                 | <input type="checkbox"/> UK company                 | <input type="checkbox"/> sporting club         |
| <input type="checkbox"/> crown body                 | <input type="checkbox"/> non UK govt/administration | <input type="checkbox"/> royal charter         |

**Individual or sole trader**

Full name

**Partnership**

Full name

NB: For a partnership, please give the full name of one partner (who must also sign the declaration on page 5) and supply a list of the full names of all other partners in the declaration.

**Limited or public limited company/Incorporated association**

Name

Company registration no.

**Registered charity**

Name

Charity registration no.

**Other legal entity**

Name

Registration no. (where applicable)

**A.3** If your organisation is a registered charity, does it have as its object the safety of human life in an emergency?

Yes

No

**A.4 Licensee name and address** (use registered address unless you specifically want an alternative)

Name

Address

Postcode

Tel

Fax

E-mail

**A.5** Company or partnership trading name

**A.6 Licensee contact name and address**

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>

**A.7 Contact name and address for payments or account queries** (where different from A.6)

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>

**A.8 If you are applying via a third party** (e.g. radio supplier, consultant etc) **please complete the following:**

I/we authorise the following company to apply for this licence on my/our behalf:

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>

I/we would like a copy of the licence to be sent to our radio dealer/supplier

**A.9 Contact name and address for licence trades**  
(if applicable)

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Tel	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>

**Section B Base station details**

**B.1 Site location** (choose one of the following options to input the data)

**GB National Grid Reference**

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
-------------------------------------------	----------------------------------------------------------------	----------------------------------------------------------------

(2 Letters; 3-figure Easting; 3-figure Northing)

**OR**

**Latitude**

<input type="text"/> <input type="text"/>	°N	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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**Longitude**

<input type="text"/> <input type="text"/>	°E/W	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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(circle E or W as appropriate)

**B.2 Site address**

Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>

I understand and accept that:

- Ofcom may use or share my information to help:
  - a) issue, amend, validate and/or surrender a Wireless Telegraphy Act licence;
  - b) maintain and publish a register of licences under the Wireless Telegraphy Act;
- Ofcom will not give anyone my information except:
  - a) where Ofcom have my permission; or
  - b) where Ofcom are required or permitted to do so by law; or
  - c) to other companies or organisations who provide a service to Ofcom or me;
- Ofcom may transfer my information to other countries. If Ofcom does this you will ensure that anyone to whom Ofcom pass it provides an adequate level of protection;
- It is an offence to knowingly make a false statement in support of this application and may lead to the licence being refused or revoked as well as to possible prosecution under the Wireless Telegraphy Act.

As the licensee I prefer not to receive electronic correspondence and all licence documentation should be sent to me by post

Signature of applicant

For self and partners (tick if applicable)

Date of application

Full name

Position in organisation

Partnerships must be applied for by one partner signing 'for self and partners'. A director or authorised person must sign for public limited companies, limited companies and other legal entities.

Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>

If the number of partners exceeds the space provided above, additional partners' details should be provided on a separate sheet of paper in the format given above and attached to this form.

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### Where to send your form

Please send your application form and cheque to the address below.

Ofcom  
 FAO Spectrum Licensing  
 PO Box 1285  
 Warrington  
 WA1 9GL

E-Mail [spectrum.licensing@ofcom.org.uk](mailto:spectrum.licensing@ofcom.org.uk)  
 Tel 020 7981 313