



### STV Operator Licence Application Form

1. Name of licensed Subscriber Television (STV) provider

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Trading Name of STV Service

2. CONTACT PERSON REPRESENTING THE APPLICANT/LICENSEE

NAME: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ MOBILE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS:  
\_\_\_\_\_

3. COMPANY TRN #: \_\_\_\_\_

4. BROADCASTING COMMISSION ISSUED LICENCE NO: \_\_\_\_\_

5. NUMBER OF ZONES OPERATED: \_\_\_\_\_

6. DURATION OF LICENCE: ISSUE DATE: \_\_\_/\_\_\_/\_\_\_\_\_ EXPIRATION DATE: \_\_\_/\_\_\_/\_\_\_\_\_

7. IS THERE A PENDING APPLICATION FOR ADDITIONAL ZONES: \_\_\_\_\_

8. SUBSCRIBER BASE\*

Month	Total Subscribers*	Month	Total Subscribers*	Month	Total Subscribers*	Month	Total Subscribers*
Jan		Apr		Jul		Oct	
Feb		May		Aug		Nov	
Mar		Jun		Sept		Dec	

**\*Use the same subscriber figures as submitted by you to the Broadcasting Commission.**

9. PACAKAGES OFFERED

Packages Offered	Average # Subscribers Per Month	Monthly Fee (Without GCT)
Basic		
Other.....		
Other .....		
Other .....		
Other .....		
Other .....		

10. DATE OF APPLICATION: \_\_\_\_\_ 10. APPLICANT'S NAME: \_\_\_\_\_

11. APPLICANT'S SIGNATURE: \_\_\_\_\_

**ANNEX A**

License Type: Hardwire  Wireless  Other (State).....

**Service Area/s (Parish/es)**

**Zones**

No. of Households served ..... Number of Television Sets connected .....

No. of Channels offered ..... No. of Packages offered .....

**ANNEX B**

**'Must Carry' Channels**

**Other Local Channels**

**Total Number of foreign radio stations re-transmitted via your channels:.....**

APPLICANT'S NAME & SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_