



## ETHIOPIAN TELECOMMUNICATION AGENCY

**Annex II**

### Application Form for Type Approval of a Spread Spectrum Device

No. \_\_\_\_\_

Name of Applicant _____
Nationality _____
Address _____
P.O.Box _____ Telephone _____
Application and use of the Spread Spectrum Device _____

#### PARTICULARS OF RADIO COMMUNICATION EQUIPMENT

Manufacturer	Model	Operating Frequency	Type of Antenna	Power	Serial No.	Quantity

#### LOCATION OF SPREAD SPECTRUM DEVICE

Region	Woreda	Kebele	House Number

.....	.....	.....
Place	Date	Signature & Stamp