To the State Joint-Stock Company “Elektroniskie sakari”

Address: 5 Eksporta Street, Riga, LV-1010, Latvia; e-mail: [vases@vases.lv](mailto:vases@vases.lv)

**APPLICATION FOR A SHORT-TERM E-LICENCE FOR THE USE OF RADIO EQUIPMENT**

**1. APPLICANT (legal2** entity or **natural1** person):

|  |  |
| --- | --- |
| Name2 / Name, surname1 | E-mail2,1 |
| Registration No.2 / personal identity number1 |
| Legal address2 / Declared address1 | *The licence(s) will be sent electronically to the* ***e-mail address*** *or official e-address* ***provided*** |

**2. PURPOSE OF USE**

|  |  |
| --- | --- |
| Purpose of use/Event |  |
| Place of use |  |
| Duration of use of radio equipment from/to |  |

**3. PMR (Radio) RADIO EQUIPMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of frequencies required | Preferred frequency (s),  Tx/Rx, MHz | Alternative frequencies/ operating frequency range of the equipment | Radio channel bandwidth, kHz | Class of emission | Type of equipment  (manufacturer, model) | Transmitter power, W |
|  |  |  |  |  |  |  |

**4. PMSE (radio microphones, in-ear monitors) RADIO EQUIPMENT**

|  |  |  |
| --- | --- | --- |
| Type of equipment | Manufacturer | Tuning range, MHz |
|  |  |  |

**5. PMSE (Video lines, wireless video cameras - fixed, portable, mobile) RADIO EQUIPMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of equipment | Manufacturer | Preferred frequency, MHz | Tuning range, MHz | Class of emission | Maximum radiated power, W |
|  |  |  |  |  |  |

**6. ADDITIONAL INFORMATION**

|  |
| --- |
| I have been informed that the applicant will be indicated as the addressee of the licence in the licence for the use of the radio frequency assignment. Invoices will be issued to the addressee of the licence. |
| I have been informed that it is possible to receive invoices for public paid services provided by the SJSC “Elektroniskie sakari”electronically if I have submitted a duly executed written consent (application). |

**7. SIGNATURE AREA** (***the application must be signed by the signatory or by an authorised person, attaching a power of attorney)***

|  |  |  |  |
| --- | --- | --- | --- |
| Place, date | Position | Name, surname | Signature |
|  |  |  |  |

*The document requisite "signature" shall not be completed if the electronic document has been prepared in accordance with the laws and regulations on the execution of electronic documents.*