



Receipt No.....of.....

THE INDEPENDENT MEDIA COMMISSION

**3rd Floor, Kissy, House
54, Siaka Stevens Street
Freetown**

**Tel: 221840 / 221835
076-724-852 /076-695 -950**

**APPLICATION FOR LICENCE TO ESTABLISH TELEVISION/ DTH BROADCASTING
STATION IN THE REPUBLIC OF SIERRA LEONE**

(Before completing this Form, please read THE INDEPENDENT MEDIA COMMISSION ACT 2020 and the Media Code of Practice).

(This form is in three sections each of which should be completed by the applicant and six copies submitted to the Executive Secretary, INDEPENDENT MEDIA COMMISSION)

SECTION 1

A. Full Name of Company, Institution or individual applying for licence

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B. Business Address:.....

Telephone No..... Mobile.....

E-Mail..... Fax.....

C. Name of Television Station (if different from above)

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i. Current Business Registration Number:

ii. Date of Registration:

D. STATUS OF APPLICANT:

i. Individual

ii. Institution established by Act of Parliament

.. iii. Registered Company

iv. Registered Business Partnership

v. Any Other

(Tick appropriate box)

E. CATEGORY OF STATION

i. Community Television

ii. Commercial Television

iii. Public Service Television

iv. Religious Television

v. Rebroadcast Television

vi. Other categories approved by the Commission

(Please tick appropriate box)

SECTION 11

- A. **Location of Transmitter Site/Address**
- B. **Location of Studio/Address**
- C. **CHARACTERISTICS OF TRANSMITTER**

Characteristics	Television Transmitter *	Studio to transmitter Link
Name of Manufacturer		
Model Number		
Year of Manufacture		
Transmitter Output Power(range)		
Maximum Power Output allowable		
Type of system (Single or Multi Channel)		
Modulation Techniques		
Operating Frequency Band		
Bandwidth of Transmission		
Coverage/Target area		

D: **CHARACTERISTICS OF ANTENNA**

Characteristics	Television Transmitter *	Studio to transmitter Link
Name of Manufacturer		
Model Number		
Year of Manufacture		
Type of Antenna		
Gain of Antenna (dB)		
Geographical coordinates of Antenna		
Height of Antenna(s) above sea level)		
Height of Antenna(s) above ground level)		
Polarisation		
Beamwidth-E (deg)		
Beamwidth – H (deg)		

- **Note: Please provide evidence of legal tenancy for the transmitter/antenna site within three months of final approval from IMC**

SECTION III

A. Daily hours of operation

B. Business Plan (Submit as attachment)

C. Name of Directors: (Submit proof of ID)

No.	Name	Nationality	Status	ID No.

DECLARATION OF APPLICANT: (BLOCK LETTERS)

I do hereby declare on behalf of

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- (i) that the Independent Media Commission Code of Practice giving the Rules and Regulations governing the Establishment and Operations of the Print and Electronic Media and Advertising in Sierra Leone will be adhered to and complied with in every respect.
- (ii) that no pornographic material will be aired on any of the broadcast.
- (iii) that I am responsible for compliance with the licences, controls and supervision of the equipment(s) which is/are the subject of the licences as issued by the Independent Media Commission and the National Telecommunications Commission.
- (iv) that the particulars furnished above for the purpose of this application are true and correct in every detail to the best of my knowledge and belief and that no change(s) will be made in any of the foregoing particulars without prior notification in writing to the Executive Secretary and approval from the Independent Media Commission.

NAME : (BLOCK LETTERS)

DESIGNATION:

SIGNATURE: **DATE:**

ENGINEER'S NAME:

ENGINEER'S SIGNATURE **DATE:**