



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 Regulations).

(This form is in three sections each of which should be completed by the applicant and ten 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:.....

Mobile No..... WhatsApp No.....

E-Mail..... Facebook A/c.....

C. Name of Television Station

.....

i. Current Business Registration Number:

ii. Date of Registration:

D. **STATUS OF APPLICANT:**

- i. Individual / Sole Proprietorship
- ii. Institution established by Act of Parliament
- iii. Registered Company
- iv. Registered Business Partnership
- v. Any Other
(Tick appropriate box)

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E. **CATEGORY OF STATION**

- i. Community Television
- ii. Commercial Television
- iii. Public Service Television
- iv. Religious Television
- v. Rebroadcast Television
- vi. Education (TV/DTH) Television
- vii. International Relay Television
- viii. Other categories approved by the Commission
(Please tick appropriate box)

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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 In Degrees, Minutes & Seconds | | |
| 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 Subscribing Partners/Directors: (Submit proof of ID) (e.g. Passport, National ID)

| No. | Name | Nationality | Status | ID No. |
|-----|------|-------------|--------|--------|
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D. OPERATIONAL DETAILS

Description of Office Space.....
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Rented/Owned by the Company or Individual.....

Specify ownership with proof of relevant documents (Tenancy Agreement or conveyance/House or Site plan)

STAFF SAFETY MEASURES (please state)

E. DECLARATION OF APPLICANT: (BLOCK LETTERS)

I do hereby declare on behalf of
.....

- (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:**