



REGULATORY AUTHORITY

Application Form CTYPE-1A TYPE APPROVAL

Please complete the required information in table below, and submit electronically to:
mwells@rab.bm

3rd Floor, Cumberland House, 1 Victoria Street, Hamilton HM11, Bermuda
Tel: (441) 474 6035 Fax: (441) 474 6048

Name of Applicant	
Address of Applicant	
Copy of FCC Grant or Industry Canada Certificate	<input type="checkbox"/> Please check if FCC Grant is attached
Description of Device	
Brand Name	
Model Number	
Mailing Address (Please provide, if different from above)	
Payment	As of April 1, 2016 Fees will be \$200 USD/per application . Please Check appropriate box below, if payment is enclosed. Type of Payment: <input type="checkbox"/> Wire Transfer <input type="checkbox"/> USD Check <input type="checkbox"/> Credit Card (please send credit card details)