

Application for a Class 10 (Receiving Services) Radio Permit

In accordance with the requirements of Section 9 (3)(ii) of the Telecommunications Act 1986

This form is to be used in respect of all Radio Receivers not designed primarily for the reception of Broadcast Services transmissions

1. Name of Applicant: (Licensee)	
2. Address of Applicant: (including postal code)	
3. Telephone: (Home)	(Work)
4. Date of Birth: (if under 21)	

DETAILS OF RADIO EQUIPMENT
5. Type of Receiver:
6. Manufacturer:
7. Model:
8. Serial Number:
9. Purchased from: (insert country of purchase if not purchased in Bermuda)

I hereby certify that the information entered above is correct and apply for a Permit to possess the Radio Receiver specified above.

Date	Print Name	Signature

INTERNAL USE ONLY – NO CHARGE FOR THIS SERVICE
Licence Number:
Valid To:
Approved By:
Approval Date:
Entered By:

