



GOVERNMENT OF THE FEDERATED STATES OF MICRONESIA
DEPARTMENT OF TRANSPORTATION, COMMUNICATION AND INFRASTRUCTURE
DIVISION OF COMMUNICATIONS
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APPLICATION FOR CITIZENS BAND LICENSE

FSMTCI-004

PART I - APPLICANT:

(a) Individual Corporation Government Entity Other: Specify: _____

(b) NAME	(d) Date of Birth Place of Birth
(c) MAILING ADDRESS Email Address: _____	(e) Citizenship: _____

PART II – APPLICATION:

(a) New (b) Renewal If for renewal or amendment, indicate License No. _____ Call Sign: _____

Type	How many	Location or area of operation
Base		
Mobile		
Handheld		

(c) How will the radio be used in applicant's business or personal activities:

PART III – EQUIPMENT: Provide information on each individual unit. Use continuation sheet if necessary

(a) Manufacturer: _____ (b) Type: _____ (c) Model No: _____

PART IV – PERSONS WHO WILL OPERATE THE STATION (Other than licensee)

(a) Member of immediate family: (b) Employee (c) Other:

PART V: CERTIFICATION

I certify that:

All the preceding statements and documents attached hereto are true and correct; if granted a license, the states(s) shall at all times be operated in accordance with all rules and regulations applicable to Citizens Radio Service in the Federated States of Micronesia; I have obtained a copy of the FSM Rules and Regulations governing Citizens Radio Service; I hereby waive any claim to the use of any particular frequency; I hold the title and/or position in the organization noted below and am authorized by said organization to act on its behalf; I understand that willful false statements on this form or attachments are punishable by fine or imprisonment in accordance with the Code of the Federated States of Micronesia.

Name of Company or Organization

Signature of Applicant

Title or Position

PART VI: FOR GOVERNMENT USE ONLY:

Station Call Sign: _____ Date Issued: _____

Frequency Assignment Serial No.: _____ Date Expire: _____