



TELECOMMUNICATIONS REGULATORY COMMISSION

L.M Business Centre, 3rd Floor
P.O Box 4401

Road Town, Tortola, British Virgin Islands, VG1110
Tel: (284) 468-4165 Fax: (284) 494-6786

Email: RL_Applications@trc.vg

APPLICATION FOR AERONAUTICAL RADIO TELEPHONE OPERATOR LICENCE

Please tick the appropriate box:

New

Renew

Incomplete applications will not be processed

PLEASE COMPLETE IN BLOCK LETTERS

SECTION A – APPLICANTS DETAILS

Full Name

a. First Name _____

b. MI _____

c. Last Name _____

Place of Birth

d. City _____ State _____

e. Country _____

f. Nationality _____

Date of Birth

g. Date _____ Month _____ Year _____

Physical Address _____

h. City _____ State _____

i. Country _____ Telephone No.: _____ Telefax: _____

Mailing Address _____

j. City _____ State _____

k. Country _____

SECTION B – DECLARATION

I declare that all details shown above are correct to the best of my knowledge and that I will abide by the terms of the Licence. I also declare that I have no objection to information about my radio equipment (if applicable) being disclosed to the International Telecommunication Union.

Signature of Applicant: _____

Full name (Block Capitals): _____

Date: _____

If you are signing on behalf of a Company or organization please state:

Name of organisation: _____

Position: _____

1. Email _____

Type of Equipment _____

Date of Examination _____

Name of Airline Company Employed for: _____

This application is not complete without the following items. Incomplete applications will not be processed.

1. Birth certificate or passport page (notarized copy)
2. Two recent passport photos.

FOR OFFICIAL USE ONLY		
Date of Issue:	Issued by:	Licence No.:
_____	_____	_____
Expiry Date:	_____	