



TELECOMMUNICATIONS REGULATORY COMMISSION

RADIO TELEPHONE OPERATOR LICENCE RENEWAL APPLICATION

SECTION A – APPLICANTS DETAILS | PLEASE COMPLETE IN BLOCK LETTERS

Full Name First Name _____ MI _____ Last Name _____ Distinguishing marks _____ Height _____ Name of Ship _____ Licence No.: _____
Physical Address Street Address _____ City _____ State _____ Zip code _____ Country _____ Telephone No.: _____ Telefax: _____
Mailing Address Post Office Box _____ City _____ State _____ Zipcode _____ Country _____ Email _____

SECTION B – DECLARATION

I declare that all information shown above are correct to the best of my knowledge and that I will abide by the terms of the License, I also declare that I have no objection to the information (if applicable) being disclosed to the International Telecommunications Union.

Signature of Applicant: _____

Full name (Block Capitals): _____

Date: _____

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

Name of organization: _____

Position: _____

*****PLEASE PROVIDE COPY OF EXISTING LICENSE*****

Contact:
Telecommunications Regulatory Commission
Government of the British Virgin Islands
L.M. Business Centre
P.O. Box 4401, Road Town, Tortola
British Virgin Islands VG1110
Tel: (284) 468-4165, Ext. 4165
Fax: (284) 494-6786
Email: RL_Applications@trc.vg

FOR OFFICIAL USE ONLY

Date of Renewal: _____ Issued by: _____

Expiry Date: _____ Receipt No. _____