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**VLOGA ZA ODOBRITEV ZA PRIZEMNE RADIJSKE POSTAJE ZA PRIREDITVE**

**APPLICATION FORM FOR TEMPORARY USE OF TERRESTRIAL RADIO STATIONS FOR SPECIAL EVENTS**

**I**

**Informacija o postopku izdaje odobritve za prizemne radijske postaje za prireditve**

Odobritev izda agencija za predviden čas trajanja prireditve. Za izdajo odobritve je potrebno izpolniti obrazec: VLOGA ZA ODOBRITEV ZA PRIZEMNE RADIJSKE POSTAJE ZA PRIREDITVE (Priloga 1). od 1.4.2009 ni več potrebno plačati upravne takse.

***Information on procedure for terrestrial radio stations for temporary usage***

*The approval for terrestrial radio stations for temporary usage is intended for the events and may only be issued* ***for a period of the event.****.*

*Enclosed please find the* ***application form : APPLICATION FOR TEMPORARY USE OF RADIO EQUIPMENT (Annex 1)*** *, which has to be completed in order to collect all the necessary data to issue the approval for terrestrial radio stations for temporary usage.*

Priloga / *Annex:*

1. OBRAZEC ZA DODELITEV RADIJSKE FREKVENCE */ APPLICATION FORM*

## ANNEX 1

**APPLICATION FOR TEMPORARY USE OF RADIO EQUIPMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Quan-tity | Venue location | Make type | Cate-gory of eqpt. *See Below* | Output power | RF bandwidth | Channel separation | Frequency range covered by the equipment  Transmit/Receive | Proposed Frequencies  Transmit/Receive |
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| --- | --- |
| FB - basestation,repeater  HP - handportable  MW - microwave equipment  WM - wireless microphone  MV - mobile video camera  transmitter  AB - airborne use  Enter one or more abbreviations in the category of eqpt. column.Define additional abbreviations below, as needed. | Sports team [ ] Broadcast [ ] Press [ ] Other (specify): |
| MB - mobile equipment  HP - handportable  MW - microwave equipment  WM - wireless microphone  MV - mobile video camera transmitter  AB - airborne use  Enter one or more abbreviations in the category of eqpt. column.Define additional abbreviations below, as needed. | Responsible  person and  contact  address during  the event:  Phone:  (during the event) |
| Event and  time period  applied for: |  |
| Organisation Company name:  Address:  Country:  Responsible person:  Phone:  Fax: |  |
| *Date:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Signature:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For further information see: https://docdb.cept.org/download/2068