



TELECOMMUNICATIONS UNIT

RADIO TELEPHONE OPERATOR LICENCE APPLICATION

(Please tick the appropriate box (es))

New

Change

SECTION A – APPLICANTS DETAILS PLEASE COMPLETE IN BLOCK LETTERS

Full Name First Name _____ MI _____ Last Name _____ Distinguishing marks _____ Height _____ Certificate No. _____ Class _____ Name of Ship _____
Place of Birth City _____ State _____ Country _____ Nationality _____
Date of Birth Date _____ Month _____ Year _____
Physical Address Street Address _____ City _____ State _____ Zip _____ Country _____ Telephone No.: _____ Telefax: _____ Email _____
Mailing Address Post Office Box _____ City _____ State _____ Zip code _____ Country _____

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: _____

This application is not complete without the following items. Incomplete applications will not be processed. Items 1 and 2 are mandatory. All other items are based upon type of license requesting.

1. Birth certificate or passport page (notarized copy or original to be copied in office)
 2. Two recent passport photos
- Certificates**
3. LRC certificate of competency or (notarized copy or original to be copied in office)
 4. SRC certificate of competency or (notarized copy or original to be copied in office)
 5. GOC or ROC certificate or (notarized copy or original to be copied in office)
 6. 1st or 2nd Class Electronic certificate or (notarized copy or original to be copied in office)

Contact:

Mr. Gregory A. Nelson
Telecommunications Manager
Government of the British Virgin Islands
R.G. Hodge Plaza (Upstairs Vehicle Licencing
Dept.)
Road Town, Tortola, British Virgin Islands

Tel: (284) 468-3603, 494-3701 Ext. 3093, 3092,
3603

Fax: (284) 494-6462/3934

Email: gnelson@gov.vg, dcarey@gov.vg,
dwoodley@gov.vg, rmasac@gov.vg

FOR OFFICIAL USE ONLY

Date of Issue: _____ Issued by: _____ Licence No.: _____

Expiry Date: _____ Receipt No. _____