



This form is intended for presentation of a radio network plan to the Finnish Communications Regulatory Authority (Ficora) for the reservation of radio channels. Such radio transmitters as require a licence for possession and use are to be described by a radio network plan.

CUSTOMER INFORMATION

Full name of customer	Finnish social security number/Finnish business ID-number/Customer number at Ficora
Street address	
Postcode and post office	Telephone, telefax, e-mail address
Branch of activity	
Person in charge	Telephone, telefax, e-mail address

INFORMATION ON THE SERVICE

<input type="checkbox"/> radiotelephony	<input type="checkbox"/> alteration of radio network plan previously approved, No _____	<input type="checkbox"/> additional channel to a system already in use, licence No _____
<input type="checkbox"/> data transmission		
<input type="checkbox"/> paging		
<input type="checkbox"/> remote control, telecommand, telemetry		
<input type="checkbox"/> other use, which _____		
Purpose of the service		
Planned frequency band, MHz	Planned channel separation <input type="checkbox"/> 25 kHz <input type="checkbox"/> 12,5 kHz <input type="checkbox"/> other, which _____	
Planned service range, km	Planned number of channels	
Mode of operation		
<input type="checkbox"/> 1-freq. simplex	<input type="checkbox"/> 2-freq. simplex	<input type="checkbox"/> semiduplex <input type="checkbox"/> duplex
Type of signalling	Description of the signalling	
<input type="checkbox"/> half-open <input type="checkbox"/> closed	<input type="checkbox"/> audio frequency <input type="checkbox"/> binary <input type="checkbox"/> standard	
Additional information on the service		

If several base stations or fixed stations are included in the plan, it can be presented as a table, which for all base stations or fixed stations of the network shall contain the information asked for in the RVS form. A principle drawing of the connections between the fixed stations shall be annexed to the plan.

INFORMATION ON THE BASE STATION (to be given for all base stations or fixed stations of the network)
Information on the location of the antenna

Municipality	Part of municipality
Street address	
Closer information on the location (e.g. water tower, mast and its owner, building etc.)	Name of station

THE APPLICATION SHALL BE ACCOMPANIED BY A RELEVANT PAGE OF THE NATIONAL BASE MAP (1:20,000). THE LOCATION OF THE ANTENNA SHALL BE INDICATED ON THE MAP.

Technical details


Transmitter output power, W	Antenna gain, dB or type designation
Antenna height above ground level, m	Antenna height above sea level, m
Directivity of antenna <input type="checkbox"/> omnidirectional <input type="checkbox"/> direction of maximum radiation in degrees _____ °, beamwidth in degrees _____ °	
Type designation and length of antenna cable, m or attenuation, dB	
Controlling of base station <input type="checkbox"/> cable <input type="checkbox"/> radio link <input type="checkbox"/> a fixed radio telephone (for a fixed radio telephone station information on the relevant base station to be included)	
Connection to the telephone network <input type="checkbox"/> via a PBX to the PSTN <input type="checkbox"/> to a subscriber-line <input type="checkbox"/> automatically <input type="checkbox"/> manually	Relaying <input type="checkbox"/> connected by an operator <input type="checkbox"/> controlled by a code signal from a mobile station, code: _____

INFORMATION ON MOBILE STATIONS

Municipality where used	Output power of the transmitter, W	Number of equipment
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INFORMATION ON THE SUPPLIER OF THE EQUIPMENT (if known)

Company	
Street address	
Postcode and post office	
Person in charge	Telephone/telefax/e-mail address
<input type="checkbox"/> I want the Finnish Communications Regulatory Authority to send a copy of its answer to the supplier of this equipment	

_____ Time and place	 Signature and name in block letters or typed (signature of applicant, of a person working for the applicant or a person signing by proxy on behalf of the applicant)
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Ficora's notes

TX _____ RX _____	Date, person in charge: _____
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