



APPLICATION FORM FOR ADDITIONAL | REPLACEMENT | REMOVAL OF EQUIPMENT

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APPLICATION REQUIREMENTS
Equipment specifications (dimensions) Identity Document Feeder cable specifications (if applicable) Antenna & Mounting Specifications (if applicable)
COMPANY DETAILS
Company Name Postal Address Contact Details E-mail Address
SITE DETAILS
Site Name Site Co-ordinates
TOWER SPACE REQUIREMENTS
Please complete the applicable section:
Please complete the applicable section: Additional Equipment:
Additional Equipment:
Additional Equipment: Required Height Antenna(e) Weight
Additional Equipment: Required Height Antenna(e) Weight Number of equipment to be mounted on the tower
Additional Equipment: Required Height Antenna(e) Weight Number of equipment to be mounted on the tower
Additional Equipment: Required Height Number of equipment to be mounted on the tower Radio Antenna(e) pattern (attach specifications)
Additional Equipment: Required Height Number of equipment to be mounted on the tower Radio Antenna(e) pattern (attach specifications) Dimension of Equipment (include Datasheet)
Additional Equipment: Required Height Number of equipment to be mounted on the tower Radio Antenna(e) pattern (attach specifications) Dimension of Equipment (include Datasheet) Number of feeder cables
Additional Equipment: Required Height Number of equipment to be mounted on the tower Radio Antenna(e) pattern (attach specifications) Dimension of Equipment (include Datasheet) Number of feeder cables Weight of feeder cables per meter
Additional Equipment: Required Height Number of equipment to be mounted on the tower Radio Antenna(e) pattern (attach specifications) Dimension of Equipment (include Datasheet) Number of feeder cables Weight of feeder cables per meter Removal of Equipment
Additional Equipment: Required Height Number of equipment to be mounted on the tower Radio Antenna(e) pattern (attach specifications) Dimension of Equipment (include Datasheet) Number of feeder cables Weight of feeder cables per meter Removal of Equipment Antenna(e) height

Replacement of Equipment			
Specify height of Antenna(e) to be replace	Ч		
Specify Antenna(e) to be replaced	ч 		
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New Antenna(e) details (attach specificati	on)		
DAVIAGNIT LINIDGRITAIVING			
PAYMENT UNDERTAKING			
I / We,	, tl	he undersigned, in my capacity as	
	of the business and in my perso	onal capacity.	
1. Hereby warrant / agree that I am duly authorize	d by the applicant to make this applic	ation on his / her behalf and that the above	
information and copies of attachments are true and	correct.		
2. Do hereby on behalf of the applicant accept and agree to the terms and conditions.			
NB: Current invoice will be adjusted accordingly			
145. Garrett invoice will be adjusted accordingly			
A continuo de Albarra	Applicant Signature:	Date: / /	
Applicant Name:	Applicant Signature	/Date://	