**Application to use radio-transmission equipment**

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| **Official name of organization** |  |
| **Contact person of organization** |  |
| **E-mail of contact person of organization** |  |
| **Contact telephone number** |  |
| **Type of equipment requiring a permit for use** |  |
| **Purpose for using the RTE or task to be fulfilled** |  |
| **Equipment manufacturer and model** |  |
| **Quantity of equipment** |  |
| **Place of equipment use** |  |
| **Comments** |  |

Signature of person authorized

to submit this application seal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_/