



**Communication Department – MEIDECC  
GOVERNMENT OF TONGA**

*P.O. Box 1380, Level 2 Sanft Building, Nuku'alofa, Telephone (676) 28170 Fax (676) 24861 www.mic.gov.to*

**Application for Type Approval**

Date of application	
Full legal name of applicant	
If the applicant is not a natural person, full name of the person signing the confirmation below under the authority of the applicant	

**Contact details**

Postal address	
Telephone number	
Email address (if any)	
Website (if any)	

**Instructions for Completion**

- All information included on this application will be treated as confidential
- Please print clearly, incomplete application may delay processing of your license
- Process of your application only when we received proof of payment of Type Approval Application Fees
- Please address all correspondence to the CEO, Communication Department, MEIDECC

**Confirmation**

<p>I confirm that:</p> <ul style="list-style-type: none"> <li>• I am the applicant or am acting under the applicant's authority;</li> <li>• the information provided in this application is complete and correct;</li> <li>• any equipment and/or spectrum licensed as a result of this application will be used in compliance with the Radio Spectrum Rules and Technical Standard Rules; and</li> <li>• the Regulator will be informed promptly of any changes to the information provided in this application.</li> </ul>	<p>..... Signature of applicant or person acting under the applicant's authority</p>
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**Office Use Only**

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### 1. Type of application

Please tick (✓)   the box that corresponds to the type of application

Application for renewal of an existing Type Approval	<input type="checkbox"/>	Existing Type Approval Reference Number	<input type="text"/>
Application for a new Type Approval	<input type="checkbox"/>		

*Note: Section 4 lists additional documents that must be attached to an application for a new licence.*

### 2. Details of the equipment

Description of the equipment for which type approval is sought	<input type="text"/>
Name of Manufacture	<input type="text"/>
Address of the Manufacture	<input type="text"/>
Brand Name	<input type="text"/>
Model/Type	<input type="text"/>
Test Report/DOC/Safety Certificates	Certificate Number:
	Issuing Authority:

### 3. Payment Details

As the Cabinet decision number 1027 on the 7<sup>th</sup> of October 2016, that all Type Approval Application will be charge effective 1<sup>st</sup> of July, 2017. This fee covers the costs associated with processing Type Approval applications. The non-refundable type approval application fee of USD\$75.00 must be paid before applying for Type Approval. The fee payment must be by Bank Transfer only through SWIFT Code and email the deposit slip to [communication@mic.gov.to](mailto:communication@mic.gov.to) All payments will be in US Dollars.

The Account detail for the payment:

Government Operation Account  
Acc # 0110911001  
Bank of the South Pacific  
SWIFT CODE: BOSPTONU

All application will only process once we received the full payment.



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#### 4. Attachments

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Applicants for Type Approval are required to attach the following information to the completed application form:

<b>Ref.</b>	<b>Attachment</b>	<b>Tick (✓) if attached</b>
1	All technical documentations of equipment in soft/hard copy	
2	Power of attorney from equipment manufacturer to TA agent	
3	Declaration of equipment manufacturer to TA agent	
4	Certificate of equipment conformity to such standards	
5	Proof of payment of application fees	