

THE BROADCASTING AND RADIO RE-DIFFUSION ACT
APPLICATION FOR RENEWAL OF BROADCAST LICENCE
(Made Pursuant To Regulation 6 of the Television and Sound Broadcasting
Regulations, 1996

Form B

Reference No.

GENERAL GUIDELINES – PLEASE READ BEFORE COMPLETING THIS FORM

1. Completing and submitting Form B

All applicants must complete **ALL SECTIONS** this form and submit the original along with five (5) copies on or before the closing date indicated below. Applications are to be submitted to attention:

The Executive Director
Broadcasting Commission
9 Central Avenue
Kingston 10

2. Please ensure that the envelope bearing the application is clearly labelled “Application for Renewal of Broadcast Licence”.
3. The Broadcasting Commission reserves the right to request any additional information/documentation relative to this application.
4. The Commission's assessment will take into consideration any outstanding breaches of licence or statutory obligations.
5. A non-refundable fee of \$10,000 must accompany the application.
6. Submit information in attachments if there is inadequate space on the form. Attachments must be labelled and diagrams must include keys.

APPLICATION FOR RENEWAL OF BROADCAST LICENCE

1. **Name of Applicant:** _____
2. **TRN#:** _____
3. **Address of Applicant:** _____

4. **Email:** _____ **Tel#:** _____ **Fax#:** _____

5. **Legal Status of the Applicant.**

Please provide certified copy of the Articles of Incorporation and Notice of Change of Directors

6. **Current Shareholding.**

NAME OF SHAREHOLDER	NATIONALITY	ADDRESS, TEL, FAX, E-MAIL	PERCENT OF SHARES OWNED

7. **Submit your last due Audited Financial Statements** *(If not already done).*

8. **Programming Profile** (Please indicate the hours to be allocated to programme categories).

CATEGORY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1. News and Public Affairs.							
2. Music							
3. Sports							
4. Religious							
5. Educational							
6. Children							
7. Other							

9. Please indicate the status of copyright authorization:

INDICATORS	DO YOU HAVE THIS?		REMARKS
	YES	NO	
a. Licence from Performing Rights Organizations (e.g. JAMMS and JACAP)			
b. Other			

NOTE: WHERE THE ANSWER IS YES – PLEASE ATTACH COPY AS PROOF. IT SHOULD BE SUBMITTED ON A SEPARATE LABELLED ATTACHMENT MARKED 9.

10. If you do not operate your own distribution infrastructure provide MOUs/ Letter of Intent/ Authorizations/Agreements with strategic partner for use of infrastructure

11. Please add any additional information you would wish the Commission to consider in determining whether the licence should be recommended for renewal

DECLARATION BY AUTHORISING OFFICER

I understand that the information contained herein may be terms and conditions of the licence, if renewed. I hereby declare that all the information provided herein is accurate and true. I understand that any inaccurate information or misrepresentation may result in the disqualification of my application or cancellation of licence as applicable.

Name: _____

Signature: _____

Dated: _____

Witness: _____

FOR OFFICIAL USE ONLY

DATE FORM B RECEIVED: _____

Payment Received: _____

CASHIER'S SIGNATURE: _____

Comments: _____
