

THE BROADCASTING AND RADIO RE-DIFFUSION ACT
APPLICATION FOR RENEWAL OF SUBSCRIBER TELEVISION
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** of 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:

The Executive Director
Broadcasting Commission
9 Central Avenue
Kingston 10

Please ensure that the envelope bearing the application is clearly labelled “**Application for Renewal of STV Licence**”.

2. The Broadcasting Commission reserves the right to request any additional information/documentation relative to this application.
3. The Commission's assessment will take into consideration any outstanding breaches of licence or statutory obligations.
4. A non-refundable fee of \$10,000 must accompany the application.
5. If you are adding new zones, a fee equal to the economic value of the zones is also applicable (Refer to Television and Sound Broadcasting Regulations 5 (2)).
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 SUBSCRIBER TELEVISION LICENCE

1. Name of Applicant _____ TRN#: _____
2. Address of Applicant _____
3. Email. _____ Tel#. _____ Fax#. _____
4. Zones now served:

NO.	ZONE (NAME)	Are you applying to renew this zone?		
		ZONE #	YES	NO
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

NOTE: If you serve more than 12 zones, please submit information on a separate labelled attachment marked 4.

ADDITION OF ZONES

THIS PART APPLIES ONLY IF YOU ARE SEEKING TO ADD ZONES (BEFORE COMPLETING THIS SECTION PLEASE REFER TO TELEVISION AND SOUND BROADCASTING REGULATION 5 (2) AND 6 C)

5. Zone(s) to be added:

<i>Zone number</i>	<i>Zone name</i>	<i>Date of intended start of service</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: If you are adding additional zones, please submit information on a separate labelled attachment marked 5.

6. Are these zones to be served by existing head-end facilities already in operation?

Yes _____
No _____

6. A If yes, please explain how the signal will be distributed to the zones applied for.

If no, please describe the main components of the central and distribution system and highlight any new technology to be deployed.

NOTE: The above information shall be supplied in a separate labelled attachment marked 6A.

REMOVAL OF ZONES

THIS PART APPLIES ONLY IF YOU ARE SEEKING TO DROP ZONES

7. The following information shall be supplied in detail in separate labelled attachments to this application form:

The exit strategy and timetable for ending service in the listed zones including:

- (i) Methods to be used to give notice to subscribers, individuals and publicly, about the withdrawal of service;
- (ii) Arrangements for any pro-rating and refunds of fees to subscribers; (iii)
- (iii) Arrangements for treatment/removal of distribution infrastructure.

8. Legal Status of the Applicant

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

9. Current Shareholding.

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

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

11. Five Year Projected Plan for delivery of Value Added Services (if applicable)

SERVICE TYPE	DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5

12. Indicate the status of each of the following:

INDICATORS	DO YOU HAVE THIS?		REMARKS
	YES	NO	
a. Channel authorizations/agreements.			
b. Licence from JAMMS			
c. Licence from JACAP			
d. MOUs/ Letter of Intent/Authorizations/agreements for use of relevant infrastructure.			
e. Agreement with strategic partner to provide cable and other services.			

NOTE: WHERE THE ANSWER IS YES – PLEASE ATTACH COPY OF EXHIBIT AS PROOF. IT SHOULD BE MARKED WITH SAME EXHIBIT NUMBER AS THE QUESTION NUMBER

Which of the following STV systems do you currently deploy?

- a. Addressable Analogue
- b. Addressable Digital
- c. Non-addressable

13. A. If non-addressable, provide in a separate attachment labelled 13A, a plan for the implementation of an addressable system supported by invoices, and/or MOUs/Agreements with other providers, etc.

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

DECLARATION BY AUTHORIZING 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: _____
