

## 5G TEST BED: APPLICATION FORM

Malaysian Communications and Multimedia Commission (MCMC) MCMC Tower 1, Jalan IMPACT, Cyber 6 63000 Cyberjaya Selangor Darul Ehsan Tel: +603 86888000 Fax: +60383188181 Website: www.mcmc.gov.my

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## Application for 5G Test Bed

Applicant shall submit the completed 5G Test Bed Application form, required document(s) (as mentioned in the form) and the detail proposal to <u>5GtestbedWG@mcmc.gov.my</u>

Applicant/Company name:	
Address:	
Contact information:	Phone no.:
	Email:
Brief Objective:	
Type of 5G usage	Please tick ( $\checkmark$ ) where applicable
scenarios:	Enhanced Mobile Broadband
	Massive machine type communication
	Ultra-reliable and low latency communication
	(Note: Please provide detailed description on the
	usage scenarios of the trial below)

## **5G Test Bed Application Form**

5G Test Bed: Application form @2018 MCMC. All rights reserved

Type of Partnership/ Collaboration Offer:	
Venue/Location:	Please tick where applicable
	□ Putrajaya
	□ Cyberjaya
	(Note: Please insert complete address of the venue of the trial below)
Trial Duration	Start date:
	End date:
Timeline Schedule	Timeline schedule provided
	□ Yes
Frequencies	Requires use of spectrum
	□ Yes
	(Note: Please provide frequency band(s) to be used for the trials here (if applicable). Refer to Annex II for reference.)

Network Configuration for each 5G Usage Scenario	<ul> <li>Network Configuration provided?</li> <li>Yes</li> <li>No</li> <li>(Note: Please attach detailed network configuration to be used for selected 5G use cases of the trial when submitting this form)</li> </ul>
Equipment Technical Specification	Equipment Technical Specification provided? <ul> <li>Yes</li> <li>No</li> </ul>
	(Note: Please attach equipment technical specification for 5G trial when submitting this form)
Predicted Geographical Coverage Map (for outdoor only)	(Note: Please attach equipment technical specification for 5G trial when submitting this form)
Precautions Against Interference	(Note: Applicant shall provide description on mitigation measures will be taken as precautionary action against causing potential interference during the trial)
Brief summary of proposal	

Signature of applicant

Signed, Authorized Signatory NAME: POSITION: COMPANY NAME: DATE:

\*Applicant shall attach the detail proposal together with the completed form.