**Suruhanjaya Komunikasi dan Multimedia Malaysia**

***Malaysian Communications and Multimedia Commission***

MCMC Tower 1, Jalan Impact, Cyber 6 63000 Cyberjaya, Selangor Darul Ehsan

Tel: +603-86888000 Fax: +603-86881000 [http://www.mcmc.gov.my](http://www.mcmc.gov.my/)

# SPECIAL APPROVAL APPLICATION FOR COMMUNICATIONS EQUIPMENT

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| **1. USER INFORMATION** |
| Organization name: |  |
| Applicant name: |  |
| Business / residential address: |  |
| Town / State: |  | Postal code: |  |
| Telephone (office/home): |  | Fax: |  | E-mail: |  |
| Contact person: |  | Company / Business reg. no.: |  |
| Nature of business: |  | IC no.: |  |

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| **2. PURPOSE OF COMMUNICATIONS EQUIPMENT (Please ✓)** |
| Demo / Trial / R&D / Exhibition / Training which require Apparatus Assignment (AA) or Spectrum Assignment (SA) |  |
| Equipment which does not meet Class Assignment but will be operated under the following conditions: |
| * Operate inside a shielded room or chamber;
 |  |
| * The radio frequency range can be tuned to follow Class Assignment;
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| * No radio frequency transmission;
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| * Other conditions ……………………………………………………………………… (to be specified)
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| TVRO or other equipment for special purposes |  |

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| **3. INSTALLATION / USAGE INFORMATION** |
| Location name: |  |
| Site address: |  |
| Town / State: |  | Postal code: |  |
| Period of usage:  |  Permanent / Temporary  (please specify the period: …………………. to ……………………………) |
| Will the usage require transmission of radio frequency? (Please provide Undertaking Letter, if applicable) |  Yes / No  |
| Transmission condition |  Open / Over the air  Shielded room or chamber (please specify:………………………………………)  |
| Will the equipment be re-exported after usage? |   Yes (Date to re-export:………………………………………………….) \*No (please provide justification) : \*Subject to approval by MCMC. If not approved, the equipment shall be re-exported back after the usage within the deadline given by MCMC. |

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| **4. \*\*COMMUNICATIONS EQUIPMENT INFORMATION (PLEASE ATTACH TECHNICAL SPECIFICATIONS)** |
| Type of Equipment: |  |
| Brand Name: |  | Model No.: |  |
| Frequency Range: |  |
| Transmit Power (EIRP): |  |
| Quantity:  |  |
| Serial Number: |  |

\*\*Please attach the Excel file “Communications Equipment Information” and email the softcopy to sdd@mcmc.gov.my within 5 days from the date of the application.

**5. I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THE EQUIPMENT WILL BE USED AS AUTHORISED BY THE MALAYSIAN COMMUNICATIONS AND MULTIMEDIA COMMISSION.**

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| Signature: |  | Date: |  |
| Name of signatory: |  | I.C. no.: |  |
| Business / Company stamp: |  |

**FOR MCMC USE ONLY**

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| Receipt date: |  |
| Verification against Technical Code, Class Assignment, Apparatus Assignment, SRSP and/or Spectrum Plan |  |