



Type Approval Application Form

1. Name and address of Applicant (individual, company, service provider, organization)

| | | | |
|------------------------|--|---------|--|
| Full Name | | | |
| Physical Address | | | |
| Name of Contact Person | | | |
| Website: | | Email: | |
| Telephone: | | Mobile: | |

2. Kindly specify the quantity of devices and select the correct location of the Customs Post

| | | | | | |
|-----------|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Quantity: | | DHL | Postal | Bonriki (Airport) | Betio (Port) |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Description of Equipment

| | |
|-----------------------------------|--|
| Product name | |
| Manufacturer name and origin | |
| Model | |
| Frequency range (if applicable) | |
| ITU Emission Code (if applicable) | |
| Modulation (if applicable) | |
| Power Output | |

4. Intended use within Kiribati

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5. Documentation Enclosed (please check box if applicable)

| | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Test report (s) from laboratories accredited by ACMA, CE, FCC, or ITU | <input type="checkbox"/> | Operating Instructions (Manual/Catalogue) |
| <input type="checkbox"/> | Declaration of Conformity/Certificate from the manufacturer | <input type="checkbox"/> | Description of repair services in Kiribati |
| <input type="checkbox"/> | Copy of Labelling/Markings from a Type Approval Authority (i.e. ACMA, CE, FCC or ITU) | <input type="checkbox"/> | Proof of Payment of the Application Fee |

6. CCK-Official

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|----------------------------------|------------|
| Application received date: | Signature: |
| Decision on application date: | Signature: |
| Decision sent to applicant date: | Signature: |