



**COMMUNICATIONS  
AUTHORITY OF KENYA**

**APPLICATION FORM  
FOR  
TYPE APPROVAL/ TYPE ACCEPTANCE  
OF  
ICT EQUIPMENT**

**CA/F/LCS/TA 1.3**

(July 2014)

## MANDATORY REQUIREMENTS FOR A TYPE APPROVAL/ACCEPTANCE APPLICATION

**A:** This application should be completed in English.

**B:** The application shall be submitted with the following Items:-

1. A letter of Agency from manufacturer or principal distributor. The letter should state other countries where the equipment is type approved and in service
2. Sample\*\* of equipment/Instrument model complete with associated accessories and attachments. The sample(s) of equipment submitted should be:-
  - a. In a good working condition
  - b. Properly configured for testing and complete with the necessary test adapters & accessories and
  - c. Clearly marked with the trade name, model and serial/IMEI number

*\*\* Note that the Communications Authority of Kenya (Authority) is not obliged to return the equipment that has been submitted for type approval purposes since some of the tests could be destructive.*

3. Technical Manuals (Operation, Programming, specifications) in English
4. User Manuals in English.
5. Certified copies of
  - (a) Conformance certificates from a Regulatory Authority or accredited laboratory, where applicable,
  - (b) Test reports and results (RF, EMC & Safety) from manufacturers or accredited testing laboratories in English, duly signed and stamped preferably in soft copy (PDF format) on CD ROM.
  - (c) A valid copy of CA Licence/Compliance Certificate for Vendors

*Note that all copies of documents originating from Kenya should be certified by a Commissioner of Oaths while copies of documents originating from out of this country should be notarized by a Notary Public. Further, any submitted document not in English must be accompanied by a certified (by Notary Public) as a true English translation.*

6. Non-refundable Type Approval/acceptance fee. For information regarding the applicable Type approval fee for the various equipment, please check at our website: <http://www.ca.go.ke/index.php/type-approval>

Payments can be made by cash, in Banker's or Company Cheque at our offices at the Cashier's Office, Ground floor, CA Centre, Waiyaki Way, Nairobi. The Cashier's office is open between **0900** and **1200** hours in the morning and in the afternoon from **1400** to **1600** hours on weekdays (and closed on public holidays and weekends).

**C:** Completed application forms should be returned to:

**Director/Licensing, Compliance and Standards  
Communications Authority of Kenya  
1<sup>st</sup> Floor, CA Centre, Waiyaki Way  
P. O. Box 14448 Nairobi – 00800  
Tel: 254-20- 4242000 Fax: 254-20- 4242430**

**1. NAME OF APPLICANT**

*(In bold capital letters in the order the names appear on Registration Certificate etc)*

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**2. APPLICANT'S CONTACTS**

**2.1. Physical Address:**

Town:..... Street/Road:.....

LR. No.:..... Floor:..... Room No.:.....

Name of Building:.....

Licence Number for Vendor.....

**2.2. Postal Address:**

P. O. Box..... Town..... Postal Code .....

**2.3. Phone and Fax Contact:**

Tel. No.:..... Fax. No.:.....

Mobile:..... Other Tel. Nos.:.....

**2.4. Email Address:.....**

**3. DETAILS OF EQUIPMENT SUBMITTED FOR TYPE APPROVAL/ACCEPTANCE**

1.	Equipment Category	<input type="checkbox"/> GSM/IMT 2000 <input type="checkbox"/> TETRA <input type="checkbox"/> Maritime Radio <input type="checkbox"/> WiMAX <input type="checkbox"/> Sound Broadcasting <input type="checkbox"/> Bluetooth <input type="checkbox"/> Radio Navigation <input type="checkbox"/> Analogue PSTN <input type="checkbox"/> Leased Line eqt <input type="checkbox"/> DECT <input type="checkbox"/> Short Range Device (SRD)	<input type="checkbox"/> Amateur Radio <input type="checkbox"/> Radar <input type="checkbox"/> Fixed Wireless Access <input type="checkbox"/> TV Broadcasting <input type="checkbox"/> RFID <input type="checkbox"/> Satellite TV <input type="checkbox"/> xDSL Modem <input type="checkbox"/> Switched Data eqt	<input type="checkbox"/> UMTS <input type="checkbox"/> Private Mobile Radio <input type="checkbox"/> RLAN <input type="checkbox"/> Microwave <input type="checkbox"/> WiFi <input type="checkbox"/> Amateur satellite <input type="checkbox"/> VSAT <input type="checkbox"/> Voice equipment <input type="checkbox"/> DVB T2 <input type="checkbox"/> DVB S <input type="checkbox"/> Others(please specify) : _____ _____
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2.	Intended for use as:	Stand-alone				
		Dual Interface Equipment (RF and Telecom)				
		Plug-In Card				
		Modular				
		Other				
3.	Type Approval Category	Individual Use				
		Marketing				
4.	Brand Name					
5.	Model Number					
6.	Name of Manufacturer					
7.	Country of origin					
8.	Operating Frequency Range	From		MHz to		MHz
		From		GHz to		GHz
9.	Output power [mW] <b>EIRP</b>  Radiated:  Conducted:			Bandwidth		
10.	Transmission Capacity			Channels		

11.	Channel spacing		Frequency Stability	
13.	Modulation type (e.g. AM, FM, OFDM,GMSK etc)		ITU Emission designator	
14.	Antenna Type	<input type="checkbox"/> Integral:_____ <input type="checkbox"/> External:_____		
15.	Antenna Gain			
16.	Interfaces	<input type="checkbox"/> Power source <input type="checkbox"/> Connectors <input type="checkbox"/> Software <input type="checkbox"/> others		
17.	Technical Variants	To be declared in a separate document (Declaration / certificates)		
18.	Equipment licence requirement	<input type="checkbox"/> Licence required <input type="checkbox"/> Licence not required		
19.	Test	Test Standard Compliant with	Name of Testing Laboratory and Contact Details	Test Report Number
20.	EMC			
21.	Radio			
22.	Health and safety SAR			
23.	Technology Specific			

*\* Attach a copy of CA's frequency assignment letter if wireless equipment intended for individual use.*

**8. DECLARATION**

I am applying for Type-approval for the Equipment(s) specified above for use in Kenya. I hereby certify that all information I have provided in this application is true and correct to the best of my knowledge. I also understand that it is an offence under the Penal Code to give false information in support of any application.

Name.....Contact Tel. No.....

Designation.....

Signature.....Date.....

**THANK YOU FOR COMPLETING THIS FORM**

NOT FOR SALE

**FOR OFFICIAL USE ONLY**

**To be completed by CA Type Approval/Acceptance Officer**

	<b>1. Mandatory Requirements</b>	<b>Check List</b>
1.	Letter of Agency from manufacturer or principal distributor. Letter should state other countries where the equipment is type approved and in service.	
2.	Sample submitted	
	i. In good working condition?	
	ii. Properly configured for testing and complete with the necessary test adapters and associated accessories?	
	iii. Clearly marked/embedded with the trade name, model and serial number?	
3.	User Manual in English	
4.	Detailed technical documentation (operation, programming, service, technical, circuitry) in English	
5.	Test reports and Results from manufacturer or accredited laboratories in English (signed and stamped)	
6.	Conformance Certificates from regulatory authority, manufacturer or accredited laboratories in English (signed and stamped)	
7.	Payment details for the non-refundable type approval fee	Receipt No.
		Date
		Amount

Case No: .....  
Date Received: .....  
Evaluating officer's name: .....  
Evaluating officer's Recommendation: .....  
Sign: .....  
Checking officer's name: .....  
Checking officer's Recommendation: .....  
Sign: .....

**Type Approval Committee (TAC) Decision:**

The equipment(s) **MEETS/ DOES NOT MEET** the Authority's requirements and hereby **GRANTED/NOT GRANTED** a Provisional Type Approval.

The reason for not granting type approval is .....

Name .....

Designation..... Signature.....

TAC No..... Date.....

**Official stamp**