



Application for ship station license

1. Regarding:

Registration

Change in radio equipment

Change of ownership

Assigning MMSI-no.

Other:

2. Owner of vessel*:

Name:

P-tal/V-tal:

TAX number

Address:

PO box.:

Optional

Zip code:

Town:

Tel. no.:

Mobile:

Email:

3. Vessel details*:

Name:

Callsign:

Optional

Port reg. no.:

Optional

Port of registry:

IMO:

Optional

MMSI:

Optional

Prev. name:

Optional

Prev. callsign:

Optional

Colour of deck

Max POB

* Information must correspond with the ship registry (www.teyggjan.fo)



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4. General classifications:

- | | | | |
|--------------------------|-----------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Fishing industry (FV) | <input type="checkbox"/> | Offshore (OF) |
| <input type="checkbox"/> | Service vessels (GV) | <input type="checkbox"/> | Pleasure / Leisure (PL) |
| <input type="checkbox"/> | Merchant (MM) | <input type="checkbox"/> | Rescue (SV) |
| <input type="checkbox"/> | Inland waterways (NF) | <input type="checkbox"/> | All other activities (XX) |
| <input type="checkbox"/> | Naval (NS) | | |

Individual classifications (if applicable)

6. Onboard equipment:

<u>Qty</u>	<u>Type of equipment</u>	<u>Frequencies</u>	<u>ITU Category</u>
	VHF	156 til 163 MHz	V
	VHF DSC	156 til 163 MHz	V
	VHF portable	156 til 163 MHz	V
	VHF portable DSC	156 til 163 MHz	V
	MF	1.605 til 4.000 kHz	T
	MF DSC	1.605 til 4.000 kHz	T
	HF	4.000 til 27.500 kHz	U
	HF DSC	4.000 til 27.500 kHz	U
	AIS transponder	156 til 163 MHz	
	UHF portable	457/467 MHz band	
	SART	9.200 til 9.500 MHz	G
	EPIRB	121.5 MHz	B
	EPIRB	121.5/243 MHz	BC
	EPIRB	406/121.5 MHz	EB
	Satellite Earth Station	Inmarsat	S
	Satellite Earth Station	Iridium	S
	Radiotelex		
	Navtex		



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7. Accounting Authority Identification Code – AAIC (default FA01)

8. Emergency contact details*

Name:	<input type="text"/>		
P-tal:	<input type="text"/>	Tel. no.:	<input type="text"/>
Email:	<input type="text"/>		
Address:	<input type="text"/>		
Zip code:	<input type="text"/>	Town:	<input type="text"/>

9. Alternative 24-hour emergency contact*

Name:	<input type="text"/>		
P-tal:	<input type="text"/>	Tel. no.:	<input type="text"/>
Email:	<input type="text"/>		
Address:	<input type="text"/>		
Zip code:	<input type="text"/>	Town:	<input type="text"/>

* This information must be submitted. To be used by Search and Rescue Authorities in case of an emergency.

10. Declaration

Undersigned hereby certifies compliance with current legislation regarding installation, usage and operation of onboard radio equipment.

Date:	<input type="text"/>
Signature:	<input type="text"/>

