

Radio communication Service Interference Complaint Form

To be filled by BICMA:

Interference Complaint No.....

Received on.....

Guidelines:

- This interference form is to be used by the individual/company/organization experiencing the radio interference after having checked and reconfirmed that your own equipment used is not faulty and that the interference is external to your radio equipment set-up.
- The licensee should provide the detailed information on the interference.

A. Particulars of the licensee filling out this complaint form:

1. Name _____, Mobile No.....
2. Organization/Company Name _____
3. License No. _____
4. Type of Radio communication service _____

B. Particulars of Complaint:

1. Date when the interference first noticed _____
2. Location at which the interference is experienced _____
3. Frequency of operation (used by your company) which was experiencing interference _____ (attach if more frequencies are used)
4. Other's frequency of interference signal known or suspected _____
5. Type of service on which the interference is being experienced (tick appropriate)

a) AM Radio	<input type="checkbox"/>	b) FM Radio	<input type="checkbox"/>
c) Land Mobile service	<input type="checkbox"/>	d) Cellular Mobile	<input type="checkbox"/>
e) Television broadcasting	<input type="checkbox"/>	f) Aeronautical service	<input type="checkbox"/>
g) Others _____	<input type="checkbox"/>		

6. Possible cause of interference (write in detail of the interference experienced and the possible cause of interference)

(Attach for more detail of interference)

Date:

Signature:
Seal of the organization