

طلب الحصول على إسم المستخدم
APPLICATION FOR USERNAME

1. Administrative Information

1. البيانات الإدارية

Company Name/Applicant: _____ : مقدم الطلب / اسم الشركة
Contact Person Name: _____ : شخص يمكن الاتصال به
Designation: _____ : المسمى الوظيفي
Tel: _____ : الهاتف Fax: _____ : الفاكس
Cell phone for contact person: _____ : الهاتف المحمول للشخص
Email 1: _____ : البريد الإلكتروني 1
Email 2: _____ : البريد الإلكتروني 2
Company website (if any): _____ : الموقع الإلكتروني للشركة (إن وجد)
Address (company) P.O. Box: _____ : صندوق البريد Building No. _____ : رقم البناية Floor: _____ : الطابق : العنوان (الشركة)
Street: _____ : الشارع City: _____ : المدينة Country: _____ : البلد

2. If a separate Finance Department for billing,
kindly fill the following

2. في حالة وجود إدارة مالية منفصلة
للتحصيل : برجاء تعبئة التالي :

Contact Person Name: _____ : شخص يمكن الاتصال به
Designation: _____ : المسمى الوظيفي
Tel: _____ : الهاتف Fax: _____ : الفاكس
Cell phone for contact person: _____ : الهاتف المحمول للشخص
Email for contact person: _____ : البريد الإلكتروني للشخص
Company website (if any): _____ : الموقع الإلكتروني للشركة (إن وجد)
Address (company) P.O. Box: _____ : صندوق البريد Building No. _____ : رقم البناية Floor: _____ : الطابق : العنوان (الشركة)
Street: _____ : الشارع City: _____ : المدينة Country: _____ : البلد

Applicant's Declaration*

*إقرار مقدم الطلب

I / We declare that the information provided in this application is correct.

Name: _____ : الاسم
Designation: _____ : المسمى الوظيفي

Signature: _____ : التوقيع
Date _____ : التاريخ

* The declaration shall be filled by an authorized person who has signatory power on behalf of the applicant.

يجب تعبئة الإقرار بواسطة شخص مخول من قبل مقدم الطلب .

NOTES:

1. When filled the form should be signed and sent by Email to spectrum@tra.ae and then also by post to the TRA at the address: Spectrum Affairs Department, P.O. Box 26662, Abu Dhabi, UAE.
2. An official company letter stating that the persons whose details are listed are correct and will be the focal point for communication with the TRA. Applicants for small boats, amateurs are not required to provide the company details.
3. The username and password will be provided by Email to the contact person E-mail as provided in Administrative information above.

ملاحظات

1. ينبغي توقيع النموذج بعد تعبئته وإرساله إلى البريد الإلكتروني spectrum@tra.ae وكذلك بالبريد على العنوان التالي : إدارة شؤون الطيف الرادي ص ب : 26662 - أبوظبي - الإمارات العربية المتحدة .
2. تقدم رسالة رسمية من الشركة تفيد بأن بيانات الشخص المراد صحبته . وأنه سيكون نقطة الإتصال مع الهيئة العامة لتنظيم قطاع الاتصالات . مقدمي الطلبات لخدمات القوارب الصغيرة والهواة غير مطالبين بتقديم بيانات من الشركة .
3. سيتم تزويد الشركة باسم المستخدم والرمز السري الخاص بها عن طريق البريد الإلكتروني للشخص نقطة الاتصال والمرود في البيانات الإدارية أعلاه .



UNDERTAKING

I, the so called / Nationality , certify that I have perused the laws , by – laws , resolutions and circulars issued by the General Authority for regulating the telecommunication sector , the Community Development Ministry and the Emirates Amateur Radio Society in the state.

I undertake to commit to the here below items without limitation and they are as follows:

1. Abiding by all the legislations observed in the State and complying with the laws , by – laws , resolutions and instructions issued by the General Authority for regulating the telecommunication sector , the Ministry of Society Development and the Emirates Amateur Radio Society in the State.
2. Do not use the device in a manner that impairs the State's internal and external security or prejudices it or its reputation, rulers or crown princesses thereof or their deputies.
3. Striving to achieve the Society's objectives and avoiding all that prejudices the entity thereof or defame its reputation and its members' reputation.
4. Without prejudicing the Society articles of association, internal by-laws and the resolutions of the board of directors.
5. Restrict using the devices in a manner that spurs discrimination, hatred or tribal feuds or insults , challenges or prejudices God or defames any of the religions or any of their rituals, sanctities or insults thereof or challenges one of the prophets or messengers or their spouses, families or companions or makes fun thereon or prejudices and offends them or incites thereon or annoys others or uses them illegally.
6. Notifying the Society, Judicial authorities or the security systems of the State of any violations made by others which will be detected while using the station or the signal.
7. Abiding by the privacy Policy of the proper use of my call sign and my own station and not addressing non-licensed persons and not using anonymous name.
8. Not buying or bringing any wireless device from outside the state unless after obtaining a permit from the Society and approval from the Authority.
9. Not using the wireless devices inside or nearby any military site situated in the state province.



10. committing to any instructions or orders to be issued later on from the Society's board of directors.

According to the above mentioned statements, I undertake to abide by all the laws and legislations issued for regulating the communication sector, the wireless communication devices, legislations of the non – profit societies and national establishments, the articles of association of the Emirates Amateur Radio Society in the state and all the of the above mentioned items and in case of violating thereof I'll be held liable for legal responsibility.

I whereof certify the above

Name:

ID number: Nationality:

Telephone number:

Signature:

Date:



Updating data (Amateur Radio)

Form		
1	User Name:	
2	Call Sign:	
3	Nationality:	
4	Occupation:	
5	Job:	
6	Residential Address:	Emirate:
		:Region
		Building Number:
7	Mobile:	1.
		2.
		3.
8	Email:	
I declare that the information provided by me in this form and accompanying documents is correct.		Signature:.....

Kindly attach with the following form:

1. A copy of a valid passport.
2. A copy of the identity card.

Note: If you make any change or modification in the data, it is necessary to inform the TRA.



هيئة اتصالات | Federal Authority

ص ب 26662، أبوظبي، الإمارات العربية المتحدة
P.O. Box 26662, Abu Dhabi, United Arab Emirates
هاتف +971 2 626 9999
فاكس +971 2 611 8229

Application



Application Requester:

Name	Date of Birth	Place of Birth
Current Nationality	Previous Nationality	Place of Issue
Passport number	Date of Issue	End date
Religion	Faith	

Relative Application Requester:

Father Name	Nationality	Occupation
Date of Birth	Place of Birth	Place of work
Mother Name	Nationality	Occupation
Date of Birth	Place of Birth	Place of work
Wife's name	Nationality	Occupation
Date of Birth	Place of Birth	Place of work

Children of Application Requester:

Name	Date of Birth
Name	Date of Birth

Relatives:

Name	Nationality	Occupation
Name	Nationality	Occupation

Friends:

Name	Nationality	Occupation
Name	Nationality	Occupation

Education Qualifications:

Degree	Degree of Education
The date of Issue the certificate	University / School

Type of Business you Bracts in UAE:

The Country You Visited Previously:

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Have you work in Army before:

Yes

No

Country Name	Type of Service
Rank	How long you Serve

Address Details:

Region	Street:	No. Home / Building:
Owner Name	Floor	Apartment number
Phone Number	Mobile Number	PO Box

I declare that all the information above its Correct and I Sign this application under my responsibly.

Name:

Date:

Signature:



استمارة طلب عضوية
Application form Membership

- | | | |
|-------------------|-------|------------------------|
| 1. Full Name: | ..... | 1. الاسم الكامل : |
| 2. Date of Birth: | ..... | 2. تاريخ الولادة : |
| 3. Nationality: | ..... | 3. الجنسية : |
| 4. Call Sign: | ..... | 4. إشارة النداء : |
| 5. Employ: | ..... | 5. الوظيفة : |
| 6. P.O. Box: | ..... | 6. صندوق البريد : |
| 7. City: | ..... | 7. المدينة : |
| 8. Email: | ..... | 8. البريد الإلكتروني : |
| 9. Home Tell: | ..... | 9. هاتف المنزل : |
| 10. Mobile No: | ..... | 10. الهاتف المتحرك : |

I have read the by-law of Amateur Radio Service and it's Technical and Procedures and commit given above is correct.

انا الموقع اذناه بأن ألتزم بالنظام الأساسي والداخلي للجمعية واحترم قراراتها
وأساهم بصور فاعدية في أنشطتها.

Signature

Date

التوقيع :

التاريخ :

الإستعمال الرسمي :

Approved by society admin in date:

وافق مجلس الإدارة في اجتماعه المنعقد بتاريخ :

Approved by society admin in date:

تم قبول عضوية المذكور في الجمعية اعتبارا من
تاريخه :

إعتماد الإدارة

Signature

Date

التوقيع :

التاريخ :

سدد الإشتراك ورسم الإنتساب بسند قبض رقم تاريخ