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## GENERAL NOTICE

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### NOTICE 871 OF 2013



### INDEPENDENT COMMUNICATIONS AUTHORITY OF SOUTH AFRICA

#### TYPE APPROVAL REGULATIONS

I, Dr Stephen Mncube, Chairperson of the Independent Communications Authority of South Africa (ICASA) hereby publish the Type Approval Regulations, 2013 developed in terms of section 4(1) read with section 35 of the Electronic Communications Act, 2005 (Act No. 36 of 2005).

A handwritten signature in black ink, appearing to read 'S Mncube', written over a horizontal line.

**DR SS MNCUBE**  
**CHAIRPERSON**

## REGULATIONS FOR THE TYPE APPROVAL OF ELECTRONIC COMMUNICATIONS EQUIPMENT AND ELECTRONIC COMMUNICATIONS FACILITIES AND THE CERTIFICATION OF TYPE APPROVED EQUIPMENT

### 1. DEFINITIONS

In these Regulations, unless the context indicates otherwise a word or expression to which a meaning has been assigned in the Act or the ICASA Act has the meaning so assigned:

**“Accredited Test Laboratories (ATL)”** means any laboratory accredited by its own national accreditation body and/or other recognized accreditation body in terms of ISO/IEC 17025 requirements;

**“Applicant”** means any person that submits a completed application form to the Authority in terms of Regulations 5, 6 and 9 of these Regulations;

**“Badge Engineering”** means applying a different brand or trademark to an equipment model, with the permission of the Original Equipment Manufacturer (OEM);

**“Conformity Assessment”** means a process that is used to verify that Equipment meets specified requirements in relation to Type Approval;

**“Equipment”** means Radio Equipment, Telecommunication Terminal Equipment (TTE) or both;

**“ICASA Act”** means the Independent Communications Authority of South Africa, 2000 (No. 13 of 2000) as amended;

**“ICASA Logo”** means the logo of the Independent Communications Authority of South Africa registered in terms of the patent laws of the Republic;

**“Market Surveillance”** means the process of ensuring that approved equipment that is already in the market still complies with minimum technical requirements of the prescribed standards it has claimed to satisfy;

**“Notification Date”** means the date upon which the Authority receives a completed application form with relevant supporting documents;

**“Official List”** means regulations issued in terms of section 36 of the Act;

**“Provisional Type Approval”** means a procedure in terms of Regulation 9 of these Regulations;

**“Radio Equipment”** means a product or relevant component thereof, capable of communication by means of the emission and/or reception of radio waves utilising spectrum allocated to terrestrial/space radio communication.

**“Radio Waves”** means Electromagnetic waves of frequencies from 8.3 kHz to 3000 GHz, propagated in space without an artificial guide;

**“RFID Regulations”** means “Spectrum Re-allocation for Radio Frequency Identification (RFID) Systems” Regulations;

**“Simplified Type Approval”** means a process whereby a supplier applies for Type Approval in relation to identical Equipment that has already been type approved by the Authority for another supplier in terms of Regulation 5.

**“SRD Regulations”** means “Radio Frequency Spectrum Licence Exemptions” Regulations;

**“Standard Type Approval”** means a procedure in terms of Regulation 5 of these Regulations;

**“Supplier”** means manufacturer, importer, or distributor of Equipment or any person registered with the Authority for the purpose of Type Approval;

**“Technical Regulations”** means RFID Regulations, SRD Regulations and/or the Official List;

**“Telecommunication Terminal Equipment (TTE)”** means a product or relevant component thereof, enabling communication which is intended to be connected directly or indirectly by any means to interface with public telecommunication networks;

**“Test Report”** means the full report confirming conformance with relevant standards, issued by an ATL;

**“Tested Variant”** means modifications with respect to the technical aspect such as performance and functionality of the Equipment that was type approved by the Authority for the same supplier;

**“Type Approval”** means a process by which Equipment or a device or system is authorized by the Authority to be used in South Africa or imported into South Africa and involves verification of the Equipment’s compliance with the applicable standards and other regulatory requirements;

**“the Act”** means the Electronic Communications Act, 2005 (No. 36 of 2005) as amended;

**“Type Approval Certificate”** means a certificate issued by the Authority confirming compliance of the Equipment with the prescribed standards determined by the Authority;

**“Type Approval fees”** means fees relating to Type Approval as set out in schedule 1 of these Regulations;

**“Type Approval Holder”** means a person registered and in possession of a Type Approval certificate issued by the Authority;

**“Type Approval Register”** means a register that contains basic, technical and compliance information on all Equipment approved by ICASA for use, import and supply in South Africa;

**“Untested Variant”** means modifications with respect to the name and/or model of the Equipment that was type approved by the Authority for the same supplier;

## **2. PURPOSE OF REGULATIONS**

The purpose of these Regulations is to:

- (1) Streamline the Type Approval framework in accordance with the Act and ICASA Act;
- (2) Specify the fees structure with respect to Equipment Type Approval; and
- (3) Protect the integrity of public networks, the consumer and to avoid harmful interference.

## **3. EQUIPMENT REQUIRING TYPE APPROVAL**

- (1) Any Equipment used or to be used in connection with the provision of electronic communications, unless explicitly exempted by the Authority, is subject to Type Approval by the Authority.
- (2) All Equipment for which a valid ICASA Type Approval Certificate was issued prior to the promulgation of these Regulations will remain valid pursuant to these Regulations.

## **4. REGISTRATION OF SUPPLIER**

- (1) All applicants for Type Approval are required to register on the ICASA database as a Supplier of Equipment. This registration will be a once-off activity at no additional cost to the applicant.
- (2) Registration shall only be afforded to South African registered entities.
- (3) Should the details provided when registering as a Supplier change, the onus is on the applicant to supply the Authority with the latest updated information within thirty (30) days of the change occurring.

## 5. STANDARD TYPE APPROVAL

- (1) A Type Approval Application must be accompanied by the following:
  - (a) Test reports confirming compliance with the applicable standards in the Technical Regulations;
  - (b) Photographs of the Equipment, Installation and User manual;
  - (c) A functional description of the Equipment;
  - (d) Schematic diagram, Printed circuit board (PCB) layout; and
  - (e) Proof of Payment of the prescribed non-refundable Type Approval fee.
- (2) The Authority may, where it deems it necessary, request the Applicant to submit additional supporting documents.
- (3) A successful outcome of the assessment will result in the Authority issuing a Type Approval Certificate.
- (4) An unsuccessful outcome will result in the Authority issuing a letter containing reasons for rejecting the application.
- (5) The Applicant may, subsequent to addressing issues stipulated in the rejection letter, and subject to Regulation 5(1)(e), re-apply for Type Approval.
- (6) The duration for processing the submitted application is specified in the Type Approval Guidelines.

## 6. SIMPLIFIED TYPE APPROVAL

- (1) A Supplier may request that Equipment that appears on the Authority's Type Approval Register be subject to a Simplified Type Approval process.
- (2) The Supplier must ensure that the Equipment applied for is identical to the Equipment that is already type approved and appears on the Type Approval Register.
- (3) This process does not require the submission of test reports, however, a representative sample may be required;
- (4) Regulation 5(3) to 5(6) shall apply with regard to Simplified Type Approval process/es.

## **7. APPLICABLE STANDARDS**

- (1) The Authority recognises only standards issued by a competent standardisation body.
- (2) The applicable technical standards for Equipment are found in the Technical Regulations.
- (3) In the event where Equipment requiring Type Approval was tested to a standard which is not in the Technical Regulations, then such a standard must be technically identical to that determined by the Authority for such Equipment.

## **8. TEST REPORTS**

- (1) The Authority will accept only test reports that are issued by any ATL.
- (2) Applicants must submit a test report in full and are not allowed to remove or modify any portion of the test report.
- (3) A test report is only valid if it was prepared for the Equipment for which approval is being applied for and if no modifications have been made to the Equipment following the completion of the test report.

## **9. PROVISIONAL TYPE APPROVAL**

- (1) Subject to Section 35(2)(b) read with Section 32(1) of the Act, the Authority may award a Provisional Type Approval Permit, for a period of up to 6 months for the following purposes:
  - (a) Use of Equipment for a trial, demonstration or research purpose on a non-commercial basis; and
  - (b) Testing the Equipment in an ATL in South Africa.
- (2) The Equipment specified in the permit granted in terms of subregulation (1) must be used exclusively by the applicant.



- (3) When requesting provisional Type Approval the Applicant must submit information regarding:
- (a) Purpose of the test, trial, research or demonstration;
  - (b) Details of the units to be tested, including the number;
  - (c) Details of the proposed recipients of the units;
  - (d) Duration of the test, trial, research or demonstration;
  - (e) The geographical area where the tests, trial, research or demonstration are to be performed; and
  - (f) Proof of payment of the applicable fee.
- (4) The Applicant must furnish the Authority with a report of the test, trial, research or demonstration, within thirty (30) days from the lapse of the permit period.
- (5) In the event that the applicant does not wish to apply for Type Approval within or after the permit period, the Applicant is obliged to ensure that all the units that were deployed or used are withdrawn at the applicant's own cost, within thirty (30) days from the lapse of the permit period.

#### **10. TYPE APPROVAL FEES**

- (1) The Authority will charge Type Approval fees in terms of schedule 1 of these Regulations.
- (2) Type Approval fees are payable in advance and are non-refundable.
- (3) The Type Approval fees set out in schedule 1 will be adjusted by a maximum of the Consumer Price index (CPI) as published by Statistics South Africa. The Adjusted Type Approval fees will be published annually in the Government Gazette.

#### **11. VALIDITY OF THE TYPE APPROVAL CERTIFICATES**

- (1) A Type Approval Certificate is valid for an unlimited duration provided that:
- (a) No modifications with respect to the brand and/or Equipment name, model and function recorded on the Type Approval certificate and/or Type Approval register, are made to the Equipment; and

- (b) There are no changes to the technical specifications of the Equipment. The changes include, but are not limited to:
    - (i) The operating frequency band, and
    - (ii) RF power.
  - (c) The standard under which Type Approval was obtained does not change so as to render the Type Approval invalid.
- (2) A written request can be made to the Authority to have the issued certificate transferred and/or the details thereof updated within fourteen (14) days of the change of details or transfer.

## **12. LABELLING**

All type approved Equipment must comply with the Authority's Labelling Regulations.

## **13. MARKET SURVEILLANCE**

- (1) The Authority may conduct Market Surveillance on all Equipment that requires Type Approval under the following conditions:
  - (a) In the event that a complaint is made by a consumer or other competent body; and/or
  - (b) As a part of a random audit conducted by the Authority to ensure compliance.
- (2) In carrying out Market Surveillance, the Authority may:
  - (a) Require the Supplier of the type approved Equipment to submit the Equipment to the Authority for Conformity Assessment.
  - (b) Conduct a visual examination of the Equipment, label, packaging and certificates.
- (3) In carrying out the Market Surveillance in terms of sub-regulation 2(a), the Authority will bear the associated costs.

## **14. REVOCATION OF TYPE APPROVAL CERTIFICATE**

- (1) A Type Approval Certificate may be revoked in the event that:
  - (a) Modifications are made to the Equipment with respect to the brand, name, model number, function or any other information recorded on the Type Approval Certificate and/or Type Approval Register.
  - (b) After investigation of a complaint, the Authority finds that:
    - (i) The type approved Equipment fails a Conformity Assessment.
    - (ii) The Type Approval holder violated a condition in the Type Approval Certificate.
- (2) The Authority will notify the relevant Supplier in writing of the revocation of their Type Approval certificate and the reasons thereof.
- (3) The Authority will indicate on the Type Approval Register all revoked Type Approval Certificates.
- (4) All Equipment that is the subject of a revoked Type Approval Certificate must be withdrawn from the market, at own cost, by the party responsible for placing the Equipment into the market within ninety (90) days of the notification date.

## **15. APPLICATION FORMS**

An application for Type Approval and/or Supplier registration must be made to the Authority using the prescribed Application forms which are found in schedule 2 of these Regulations.

## **16. OFFENCES**

It is an offence to offer for sale or have in possession, with the intention to sell, any Equipment that is not Type Approved.

## **17. PENALTIES**

Any person that offers for sale or have in their possession, with the intention to sell, any Equipment that is not Type Approved is guilty of an offence and is subject to

imprisonment of six (6) months and/or is liable to a fine not exceeding one million Rands (R 1 000 000.00).

#### **18. REPEALED REGULATIONS**

- (1) The Enactment of Telecommunication Regulations, Notice No R. 1463 of 1994, are hereby repealed.
- (2) Regulation 9 of the Regulations published in terms of the Telecommunications Act, Act No 103 of 1996, Notice No R. 1255 of 2001 (Gazette No. 22874), is hereby repealed.
- (3) The Type Approval and Supply of Customer Premises Equipment Regulations, Notice No. 66 of 2002 (Gazette No. 23043), are hereby repealed.
- (4) The Notice on Safety of Telecommunications Equipment Regulations, Notice No. 2336 of 2001 (Gazette No. 22887), are hereby repealed.

#### **19. SHORT TITLE AND COMMENCEMENT**

These regulations are called the Type Approval Regulations, 2013 and shall come into effect upon publication in the Government Gazette.

**SCHEDULE 1: EQUIPMENT TYPE APPROVAL FEES****1. Application Fees**

(a)	Telecommunications Terminal Equipment (TTE)	R4000.00
(b)	Radio Equipment (RF)	R4000.00
(c)	Untested variant	R2000.00
(d)	Tested variant	R2000.00
(e)	Badge Engineering	R4000.00
(f)	Labels (pkts of 400 units)	R400.00
(g)	Provisional Type Approval	R2000.00

**2. Miscellaneous**

(a)	Administrative Modifications to Certificate (including transfer of the Certificate or Name change and/or address)	R500.00
(b)	Technical modifications to Certificate	R500.00
(c)	Re-issue of Certificate for the approved Equipment	R250.00
(d)	Administrative and Technical modifications	R500.00

**SCHEDULE 2: TYPE APPROVAL APPLICATION FORMS**

Schedule 2.1: Standard application form for radio Equipment

Schedule 2.2: Standard application form for TTE

Schedule 2.3: Simplified application form for radio Equipment and TTE

Schedule 2.4: Provisional Type Approval application form

Schedule 2.5: Supplier registration form

**SCHEDULE 2.1****STANDARD TYPE APPROVAL APPLICATION FOR RADIO FREQUENCY  
(RF) EQUIPMENT FOR USE IN SOUTH AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from [TALinfo@icasa.org.za](mailto:TALinfo@icasa.org.za).

Note: Please use black pen and fill all the mandatory sections as denoted by asterisk \*

**\*1. Name and address of Company within the borders of the RSA in  
whose name the Type Approval Certificate must be issued:**

Name of Company: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Vat Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Code \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*2. Name and address of any other person or organisation acting on  
behalf of the applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*3. Name and address of the person or company responsible for the payment of the Type Approval fees:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*4. Name and address of original equipment manufacturer (OEM):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_



**\*5. Brief description of the Equipment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5.1 Name of Equipment:** \_\_\_\_\_

**5.2 Original Equipment details:**

**5.2.1 Category: (Please indicate the appropriate description of your equipment)**

GSM / IMT-2000 <input type="checkbox"/>	WiMax <input type="checkbox"/>	TETRA <input type="checkbox"/>	DECT <input type="checkbox"/>	Satellite <input type="checkbox"/>
Two-way radio transceiver <input type="checkbox"/>	Point-to-multipoint link <input type="checkbox"/>	Point-to-point link <input type="checkbox"/>	Receiver only <input type="checkbox"/>	Repeater <input type="checkbox"/>
RLAN(WLAN) <input type="checkbox"/>	RFID <input type="checkbox"/>	LTE <input type="checkbox"/>	SRD <input type="checkbox"/>	Model control <input type="checkbox"/>
Wideband wireless systems <input type="checkbox"/>	Wireless audio systems <input type="checkbox"/>	Wireless microphones <input type="checkbox"/>	Paging systems <input type="checkbox"/>	Broadcast <input type="checkbox"/>
Inductive loop system <input type="checkbox"/>	Smart Metering <input type="checkbox"/>	Telecontrol, Telemetry <input type="checkbox"/>	Monitoring equipment <input type="checkbox"/>	Measuring equipment <input type="checkbox"/>
Passive component <input type="checkbox"/>	Amplifiers <input type="checkbox"/>	LPVS <input type="checkbox"/>	AVI <input type="checkbox"/>	RTTT <input type="checkbox"/>
FDMA <input type="checkbox"/>	Other describe _____			<input type="checkbox"/>

**5.2.2 Frequency band: (Please tick the appropriate frequency band)**

9 kHz - 30 MHz                       30 - 390 MHz                       390 - 890 MHz

0.89 - 3 GHz                       3 - 10 GHz                       10 - 20 GHz

20 - 40 GHz                       > 40 GHz

**5.2.3 Model:** \_\_\_\_\_

**5.2.4 Operating Frequency Range:** \_\_\_\_\_

**5.2.5 ITU Emission Classification:** \_\_\_\_\_

**5.2.6 Modulation Type:** \_\_\_\_\_

**5.2.7 Transmit Power EIRP:** \_\_\_\_\_

**5.2.8 Channel Spacing:** \_\_\_\_\_

**5.2.9 Special Features:** \_\_\_\_\_

**5.3 Details of equipment marketed in South Africa (If different from original manufacturing equipment):**

**5.3.1 Equipment Type** \_\_\_\_\_

**5.3.2 Model:** \_\_\_\_\_

**6. Modifications (if any) to rectify non-compliance. (Attach additional sheets if required)**

\_\_\_\_\_  
 \_\_\_\_\_

**\*7. For ICASA inspections please indicate where modifications (if any) and maintenance work on this equipment will be carried out.**

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ **Code:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**\*8. Person(s) to whom technical enquiries may be directed.**

**(i). Name:** \_\_\_\_\_ **Telephone No:** \_\_\_\_\_

**(ii). Other:** \_\_\_\_\_

**9. Type Approval fee:**

**9.1 The prescribed Type Approval fee must be paid into ICASA's banking account only after the invoice has been generated by the ICASA's Finance Department.**

ICASA's banking details are as follows:

<b>Type of Account:</b>	<b>Deposit Account</b>
<b>Account Number:</b>	<b>1462002927</b>
<b>Branch Code:</b>	<b>146245</b>
<b>Bank:</b>	<b>Nedbank</b>
<b>Swift Address:</b>	<b>NEDSZAJJ</b>
<b>Reference:</b>	<b>Document Number (from the invoice)</b>

**Bank Address is as follows:**

**Nedcor Limited  
135 Rivonia Road  
Sandton  
South Africa  
2196**

**10. Labels**

Note: The cost of labels is additional to the Type Approval fee.

**10.1. Please indicate the type of label that will be used on the equipment:**

- E-label  
 Printed label

**10.2. If Printed label is indicated in 10.1, please indicate where the labels will be obtained:**

- Order from ICASA (indicate quantity in 10.3.)  
 Self-print (complete details in 10.4)

**10.3. Please indicate the number of prescribed labels to be issued with this Type Approval application:**

TYPE	QUANTITY
<b>SMALL LABELS</b>	

**10.4. If Self-print is indicated in 10.2., please fill in the details of the printing company**

**Company Name:** \_\_\_\_\_

**Company Registration Number:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Code:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**\*11. Type of application (Please tick the correct one).**

New Application    Untested variant    Tested variant    Badge Engineering

**\*12. Indicate whether the equipment is intended for use as:**

Stand-alone	
Dual interface equipment (RF and Telecomms)	
Plug-in card	
Modular	
Other	

**13. The following documentation MUST accompany this application:**

**13.1** Technical, physical, operational, installation and user information.

**13.2** A functional description of the equipment, at least at block diagram level.

**13.3** Test reports (RF, EMC & Safety), confirming compliance with the relevant standards, in soft copy in PDF format / CD ROM (issued by any accredited testing facility).

**13.4** A functional block diagram including photographs (digital also acceptable).

**14. Submission of Application forms:**

**14.1** Postal address:

The completed application form and support documentation must be submitted to:

The Manager  
 Type Approval & Licensing Unit  
 Independent Communications Authority of South Africa (ICASA)  
 Private Bag X10002  
 SANDTON, 2196  
 South Africa

**14.2 Physical address:**

**Completed application documentation may also be delivered by hand to:**

**ICASA Head Office  
Pin Mill Farm, Block B  
164 Katherine Street  
SANDTON 2196  
South Africa**

**14.3 Submitted electronically to:** [TAL.Applications@icasa.org.za](mailto:TAL.Applications@icasa.org.za)

**\*15. UNDERTAKING BY APPLICANT:**

15.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects reasonably required for testing, inspection and/or evaluation purposes.

15.2 I/We undertake that all equipment supplied, subsequent to the issuing of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

15.3 I/We accept that the type approval of the aforementioned system is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the supplementary conditions imposed by ICASA from time to time.

15.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....  
(APPLICANT)

I certify that this declaration was signed and sworn to before me at ..... on the.....day of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

\_\_\_\_\_  
**COMMISSIONER OF OATHS**

Name:

Address:

Capacity:

**SCHEDULE 2.2****STANDARD TYPE APPROVAL APPLICATION FOR  
TELECOMMUNICATION TERMINAL EQUIPMENT FOR USE IN SOUTH  
AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from [TALinfo@icasa.org.za](mailto:TALinfo@icasa.org.za).

Note: Please use black pen and fill all the mandatory sections as denoted by asterisk\*

**\*1. Name and address of South African registered company in whose name the licence must be issued:**

Name of company: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Vat Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Cell No: \_\_\_\_\_

**\*2. Name and address of person or organisation acting on behalf of the applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*3. Name and address of the person or company responsible for the payment of the Type Approval fees:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*4. Name and address of original equipment manufacturer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*5. Telecommunication Terminal Equipment description:**

**5.1 Original equipment details:**

**5.1.1 Brand Name:** \_\_\_\_\_

**5.1.2 Model:** \_\_\_\_\_

**5.2 Name and model number under which the equipment will be marketed in South Africa:**

**5.2.1 Brand Name:** \_\_\_\_\_

**5.2.2 Model:** \_\_\_\_\_

**\*6. Modifications (if any) to rectify non compliance, as indicated in the test reports. (Attach additional sheets if required)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*7. For ICASA inspections please indicate where modifications (if applicable) and maintenance work on this equipment will be carried out:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Cell No.:** \_\_\_\_\_



**\*8. Person(s) to whom technical enquiries may be directed:**

Name: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*9. Equipment Type (Category):**

Description: \_\_\_\_\_

Model: \_\_\_\_\_

Transmission Systems	<input type="checkbox"/>	DECT	<input type="checkbox"/>	E1	<input type="checkbox"/>	Soft Switch	<input type="checkbox"/>
Switching and Signaling Systems	<input type="checkbox"/>	ISDN BRI	<input type="checkbox"/>	VOIP Systems	<input type="checkbox"/>	International Gateway	<input type="checkbox"/>
Telephone Networks	<input type="checkbox"/>	ISDN PRI	<input type="checkbox"/>	Measuring Equipment's	<input type="checkbox"/>	Copper Transmission	<input type="checkbox"/>
Data Communication Networks	<input type="checkbox"/>	ADSL	<input type="checkbox"/>	Lines, connections and circuits	<input type="checkbox"/>	DVB	<input type="checkbox"/>
Powerline Telecommunication	<input type="checkbox"/>	PSTN Legacy	<input type="checkbox"/>	Fibre optic	<input type="checkbox"/>	Audio-Visual Systems	<input type="checkbox"/>
Telex, teletext, telefax	<input type="checkbox"/>	Telephone Equipment	<input type="checkbox"/>	Copper	<input type="checkbox"/>	Other please describe:	<input type="checkbox"/>

**10. Supporting documentation**

The following documentation **MUST** accompany this application:

**10.1 Technical, physical, operational, installation and user information.**

**10.2 A functional description of the equipment/system, at least at block diagram level.**

**10.3 Test reports (EMC, EMI & Safety) (where applicable), confirming compliance with the relevant standards, in soft copy in PDF format / CD ROM (issued by any accredited testing facility).**

**10.4 A functional block diagram including digital photographs.**

**11. Labels**

Note: The cost of labels is additional to the Type Approval fee.

**11.1. Please indicate the type of label that will be used on the equipment:**

- E-label  
 Printed label

**11.2. If Printed label is indicated in 11.1, please indicate where the labels will be obtained:**

- Order from ICASA (indicate quantity in 11.3.)  
 Self-print (complete details in 11.4)

**11.3. Please indicate the number of prescribed labels to be issued with this Type Approval application:**

TYPE	QUANTITY
SMALL LABELS	

**11.4. If Self-print is indicated in 11.2., please fill in the details of the printing company**

Company Name: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

## 12. Application fees:

The prescribed Type Approval fee must be paid into ICASA's banking account only after the invoice has been generated by the ICASA's Finance Department.

ICASA's banking details are as follows:

Type of Account:	Deposit Account
Account Number:	1462002927
Branch Code:	146245
Bank:	Nedbank
Swift Address:	NEDSZAJJ
Reference:	Document Number (from the invoice)

Bank Address is as follows:

Nedcor Limited  
135 Rivonia Road  
Sandton  
South Africa  
2196

## 13. Submission of Applications

### 13.1 Postal address:

The completed application form and support documentation must be submitted to:

The Manager  
Type Approval & Licensing Unit  
Independent Communications Authority of South Africa (ICASA)  
Private Bag X10002  
SANDTON, 2196  
South Africa

### 13.2 Physical address:

Completed application documentation may also be delivered by hand to:

ICASA Head Office  
Pin Mill Farm, Block B  
164 Katherine Street  
SANDTON 2196  
South Africa

13.3 Submitted electronically to: [TALApplications@icasa.org.za](mailto:TALApplications@icasa.org.za).

**\*14. UNDERTAKING BY APPLICANT:**

14.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects required for testing and/or evaluation purposes.

14.2 I/We undertake that all equipment supplied, subsequent to the issue of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

14.3 I/We accept that the licensing of the aforementioned system is subject to the provisions of the Electronics Communications Act, (Act No.36 of 2005) and the conditions imposed by ICASA from time to time.

14.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....  
(APPLICANT)

I certify that this declaration was signed and sworn to before me at ..... on the.....day of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

---

**COMMISSIONER OF OATHS**

Name:

Address:

Capacity:

**SCHEDULE 2.3****SIMPLIFIED TYPE APPROVAL APPLICATION FOR RADIO (RF)  
EQUIPMENT AND TELECOMMUNICATION TERMINAL EQUIPMENT (TTE)  
FOR USE IN SOUTH AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from [TALinfo@icasa.org.za](mailto:TALinfo@icasa.org.za).

Note: Please use black pen and fill all the mandatory fields as denoted by asterisk \*

**\*1. Name and address of Company within the borders of the RSA in whose name the  
Type Approval Certificate must be issued:**

Name of Company: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Vat Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*2. Name and address of any other person or organisation acting on behalf of the  
applicant:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*3. Name and address of the person or company responsible for payment of the Type Approval fees:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*4. Name and address of original equipment manufacturer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**\*5. Equipment description: \_\_\_\_\_**

If the equipment was previously approved by the Authority, please provide the following information:

Type Approval Number: \_\_\_\_\_

Date of the Equipment approval: \_\_\_\_\_

Model / Brand Name: \_\_\_\_\_

5.1 Name of Equipment: \_\_\_\_\_

5.2. Equipment Category (Please indicate appropriate description of your equipment)

Category 1: Radio Frequency Equipment (RF Equipment)									
GSM / IMT-2000	<input type="checkbox"/>	WiMax	<input type="checkbox"/>	TETRA	<input type="checkbox"/>	DECT	<input type="checkbox"/>	Satellite	<input type="checkbox"/>
Two-way radio transceiver	<input type="checkbox"/>	Point-to-multipoint link	<input type="checkbox"/>	Point-to-point link	<input type="checkbox"/>	Receiver only	<input type="checkbox"/>	Repeater	<input type="checkbox"/>
RLAN(WLAN)	<input type="checkbox"/>	RFID	<input type="checkbox"/>	LTE	<input type="checkbox"/>	SRD	<input type="checkbox"/>	Model control	<input type="checkbox"/>
Wideband wireless systems	<input type="checkbox"/>	Wireless audio systems	<input type="checkbox"/>	Wireless microphones	<input type="checkbox"/>	Paging systems	<input type="checkbox"/>	Broadcast	<input type="checkbox"/>
Inductive loop system	<input type="checkbox"/>	Smart Metering	<input type="checkbox"/>	Telecontrol, Telemetry	<input type="checkbox"/>	Monitoring equipment	<input type="checkbox"/>	Measuring equipment	<input type="checkbox"/>
Passive component	<input type="checkbox"/>	Amplifiers	<input type="checkbox"/>	LPVS	<input type="checkbox"/>	AVI	<input type="checkbox"/>	RTTT	<input type="checkbox"/>
FDDA	<input type="checkbox"/>	Other describe _____							<input type="checkbox"/>
Category 2: Telecommunications Terminal Equipment (TTE)									
Transmission Systems	<input type="checkbox"/>	DECT	<input type="checkbox"/>	E1	<input type="checkbox"/>	Soft switch		<input type="checkbox"/>	
Switching and Signalling Systems	<input type="checkbox"/>	ISDN BRI	<input type="checkbox"/>	VOIP Systems	<input type="checkbox"/>	International Gateway		<input type="checkbox"/>	
Telephone Networks	<input type="checkbox"/>	ISDN PRI	<input type="checkbox"/>	Measuring Equipments	<input type="checkbox"/>	Copper Transmission		<input type="checkbox"/>	
Data Communication Networks	<input type="checkbox"/>	ADSL	<input type="checkbox"/>	Lines, connections and circuits	<input type="checkbox"/>	DVB		<input type="checkbox"/>	
Powerline Telecommunication	<input type="checkbox"/>	PSTN Legacy	<input type="checkbox"/>	Fibre Optics	<input type="checkbox"/>	Audio-Visual Systems		<input type="checkbox"/>	
Telex, teletext, telefax	<input type="checkbox"/>	Telephone equipment	<input type="checkbox"/>	Copper	<input type="checkbox"/>	Other Describe _____		<input type="checkbox"/>	

**5.3 Details of equipment marketed in South Africa (If different from original manufacturing equipment):**

5.3.1 Equipment Type \_\_\_\_\_

5.3.2 Model: \_\_\_\_\_

**6. Modifications (if any) to rectify non-compliance. (Attach additional sheets if required)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*7. For ICASA inspections please indicate where modifications (if any) and maintenance work on this equipment will be carried out.**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**\*8. Person(s) to whom technical enquiries may be directed.**

(i). Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

(ii). Other: \_\_\_\_\_

\_\_\_\_\_

**9. Type Approval fee:****9.1 The prescribed Type Approval fee must be paid into ICASA's banking account only after the invoice has been generated by the ICASA's Finance Department.**

ICASA's banking details are as follows:

Type of Account:	Deposit Account
Account Number:	1462002927
Branch Code:	146245
Bank:	Nedbank
Swift Address:	NEDSZAJJ
Reference:	Document Number (from the invoice)



**Bank Address is as follows:**

**Nedcor Limited  
135 Rivonia Road  
Sandton  
South Africa  
2196**

**10. Labels**

Note: The cost of labels is additional to the Type Approval fee.

**10.1. Please indicate the type of label that will be used on the equipment:**

- E-label  
 Printed label

**10.2. If Printed label is indicated in 10.1, please indicate where the labels will be obtained:**

- Order from ICASA (indicate quantity in 10.3.)  
 Self-print (complete details in 10.4)

**10.3. Please indicate the number of prescribed labels to be issued with this Type Approval application:**

TYPE	QUANTITY
SMALL LABELS	

**10.4. If Self-print is indicated in 10.2., please fill in the details of the printing company**

**Company Name:** \_\_\_\_\_

**Company Registration Number:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Code:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**\*11. Type of application (Please tick the correct one).**

New Application    Untested variant    Tested variant    Badge Engineering

**\*12. Submission of Application forms:****12.1 Postal address:**

The completed application form and required information must be submitted to:

The Manager  
Type Approval & Licensing Unit  
Independent Communications Authority of South Africa (ICASA)  
Private Bag X10002  
SANDTON, 2196  
South Africa

**12.2 Physical address:**

Completed application documentation may also be delivered by hand to:

ICASA Head Office  
Pin Mill Farm, Block B  
164 Katherine Street  
SANDTON 2196  
South Africa

**12.3 Submitted electronically to:** [TALApplication@icasa.org.za](mailto:TALApplication@icasa.org.za).

**\*13. UNDERTAKING BY APPLICANT:**

13.1 I/We undertake to assist ICASA staff at my/our expense, in all aspects reasonably required for testing, inspection and/or evaluation purposes.

13.2 I/We undertake that all equipment supplied, subsequent to the issue of the type approval certificate, shall contain all modifications necessary in order to satisfy ICASA's technical requirements.

13.3 I/We accept that the type approval of the aforementioned system is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the supplementary conditions imposed by ICASA from time to time.

13.4 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....  
(APPLICANT)

I certify that this declaration was signed and sworn to before me at ..... on the.....day of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

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**COMMISSIONER OF OATHS**

Name:

Address:

Capacity:

**SCHEDULE 2.4****PROVISIONAL TYPE APPROVAL APPLICATION FORM FOR USE IN SOUTH AFRICA**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from [TALinfo@icasa.org.za](mailto:TALinfo@icasa.org.za).

Note: Please use black pen and fill all the mandatory fields as denoted by asterisk\*

**\*1. Name and address of Company within the borders of the RSA in whose name the Provisional Type Approval must be granted:**

Name of Company: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Vat Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

**\*2 Name and address of the person or company responsible for the payment of the Type Approval fees:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

3. Fill in the table below:

Original Equipment Manufacturer	Equipment Type	Brand name or Make	Model of the Equipment	Serial Number or Unique Number of the Equipment

(If this space the table provided above is insufficient, please attach a separate list)

3.1 Purpose of importing the Equipment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.2 Number of units to be tested: \_\_\_\_\_

3.3 Details of the proposed recipients of the units: \_\_\_\_\_

3.4 Duration of the test/evaluation: \_\_\_\_\_

3.5 Geographic footprint: \_\_\_\_\_

**4. Submission of Application forms:****4.1 Postal address:**

The completed application form and support documentation must be submitted to:

The Manager  
Type Approval & Licensing Unit  
Independent Communications Authority of South Africa (ICASA)  
Private Bag X10002  
SANDTON, 2196  
South Africa

**4.2 Physical address:**

Completed application documentation may also be delivered by hand to:

ICASA Head Office  
Pin Mill Farm, Block A  
164 Katherine Street  
SANDTON 2196  
South Africa

**4.3 Submitted electronically to: [TALApplications@icasa.org.za](mailto:TALApplications@icasa.org.za)**

**5. GENERAL CONDITIONS:**

The provisional type approval is granted by the Authority without being subjected to the Type Approval process and it is valid for a period of six (6) months.

**\*6. UNDERTAKING BY APPLICANT:**

6.1 I/We undertake that all equipment on the list attached, are imported or used for the purpose of testing and evaluation / demonstrations in terms of regulation (9) of the Type Approval Regulations.

6.2 I/We accept that the provisional type approval of the aforementioned system / equipment is subject to the provisions of the Electronic Communications Act (Act No. 36 of 2005) and the conditions imposed by ICASA from time to time.

6.3 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....  
(APPLICANT)

I certify that this declaration was signed and sworn to before me at ..... on the.....day of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

\_\_\_\_\_  
**COMMISSIONER OF OATHS**

Name:

Address:

Capacity:

**SCHEDULE 2.5****SUPPLIER REGISTRATION FORM**

Please consult ICASA's official web page (<http://www.icasa.org.za>) for further information and type approval procedures. Alternatively the information and procedures can be requested from [TALinfo@icasa.org.za](mailto:TALinfo@icasa.org.za).

Note: Please use black pen to complete all the fields.

**1. Name and address of company within the borders of the RSA in whose name the registration will be captured:**

Name of company: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_

Fax No: (\_\_\_\_) \_\_\_\_\_

Cell No.: \_\_\_\_\_

- 2. The applicant must submit a certified copy of the company registration certificate together with the complete registration form.**
- 3. Registration shall only be afforded to South African residents or South African registered entities.**



**4. Type of equipment to be supplied (e.g. Telephone, 3G Modem, etc.):**

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**4.1 Equipment description:**

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

(If this space is insufficient, please attach a separate list)

**5. GENERAL CONDITIONS:**

- 5.1 Should the details provide in clause 1 above change, the applicant must furnish the latest updated information to the Authority in terms of regulation (5) of the Type Approval Regulations.
- 5.2 The registered supplier shall further take note of and adhere to the Type Approval Regulations as published from time to time in the Government Gazette.

**6. UNDERTAKING BY APPLICANT:**

6.1 The person signing the application on behalf of the applicant must acknowledge as follows:

I, the applicant, acknowledge that the Authority reserves the right to have any certificate amended pursuant to this application set aside, should any material statement made herein, at any time, be found to be false.

Signed.....  
(APPLICANT)

I certify that this declaration was signed and sworn to before me at  
..... on the.....day  
of.....20....., by the deponent who acknowledged that he/she:

1. Knows and understood the contents hereof;
2. Has no objection to taking the prescribed oath or affirmation; and
3. Considers this oath or affirmation to be truthful and binding on his/her conscience.

---

**COMMISSIONER OF OATHS**

Name:

Address:

Capacity: