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| **KENYA CIVIL AVIATION AUTHORITY****AERIAL MASTS AND OTHER STRUCTURES HEIGHT APPLICATION FORM** |
| NAME OF OPERATOR: ………………………………………………………………………………………..……………… |
| CONTACT OF OPERATOR…………………………………………………………….……P.O Box………………………… CODE………..……..CITY/TOWN...……………………………….…………Tel. ……………………………………………………….…………Email …………………………………………………….…………… | SITE NAME………………………………………………….………………… |
|  | REQUESTED HEIGHT (In Meters)…………………………………………………………………... |
|  | SITE LOCATION (WGS84 COORDINATES)**\_\_\_° \_\_\_’ \_\_\_.\_\_\_” E** **\_\_\_° \_\_\_’ \_\_\_.\_\_\_” S N** |
|  | TYPE OF NETWORK (e.g., 4G, 5G, N/A etc)[[1]](#footnote-1) |
|  | 2G |[ ]  3G |[ ]  4G |[ ]  5G |[ ]  N/A |[ ]
| DATE OF APPLICATION**\_\_\_/\_\_\_/20\_\_\_** | NAME OF APPLICANT…………………………………………………………………….SIGNATURE OF APPLICANT……………………………………………………………………. |
| **FOR OFFICIAL USE ONLY** |
| APPLICABLE AMOUNTKsh…………………………………………………… (In words)…………………………………………………………..…………………………………………………………………………………………………………………………………………..…… |
| DATE OF PAYMENT**\_\_\_/\_\_\_/20\_\_\_\_** | KRA RECEIPT NUMBER………………………………………………………………..…. |
| DATE OF RECEIPT & RECEIVING OFFICER NAME…………………………………………….……………………………………………….. Date**\_\_\_/\_\_\_/20\_\_\_**Signature……………………………………………………………………………….……………………….……….………... |

1. Select the applicable network type. This option should only be completed by the telecommunication masts applicants. [↑](#footnote-ref-1)