|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 AMOUNT  Ksh…………………………………………………… (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)