



## Application form for a licence for the use of operator prefix

Undertaking/Name	Company/organisation registration number
Address	Telephone
District address (postcode and place name)	Fax
Contact person within the undertaking	Mobile telephone
E-mail address of contact person	Website

### Operation

Description of applicant's ownership situation
The applicant's communications network <input type="checkbox"/> Leased network <input type="checkbox"/> Own network
Information about the applicant's need of a prefix and how this will be used.
Are negotiations in progress regarding interconnection? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Contract concluded
Operator prefix desired
Date (month, year) when it is planned to put the service into operation.

### Signature

Place and date
Signature (authorised)
Print name