

**BARBADOS**



**GOVERNMENT OF BARBADOS**

**FOR OFFICE USE**

**Registration Number**

APPLICATION FORM  
CLASS LICENCE FOR PAGING SERVICE PROVIDERS

Name of Applicant: \_\_\_\_\_

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

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

Nationality: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Central Office Code Used: \_\_\_\_\_

VAT Registration: \_\_\_\_\_

Assigned Frequency: \_\_\_\_\_

Sellers & Dealers Licence No. \_\_\_\_\_

Number of Pagers: \_\_\_\_\_

Particulars of the services provided \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_

*Signature of Applicant* \_\_\_\_\_

**FOR MINISTRY USE**

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Date Approved: \_\_\_\_\_

Approved By \_\_\_\_\_