

## Experiment Application Form

### A. Details of Applicant / Organization

Organization Name	Address	Representative	
		Name	
		E-Mail	
		Mobile Number	

### B. Experiment information

Duration		Experiment location		Coverage Area
Start Date	End Date	Longitude	Latitude	

#### The Purpose of Conducting the Experiment (Brief Description)

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### C. Technical Information

Technology	Manufacturer	Model number	Frequency operating Band (MHz)
Number of channels	Bandwidth (MHz)	Output Power (Watt)	

### Important Notes:

- After filling out the form, the form should be sent to (Frequency@cst.gov.sa).
- The datasheet of the devices from the manufacturer must be attached.
- If conducting the experiment is permitted, the results of the experiment must be provided to CST within a (15) days from the date of the end of the experiment via the email of the Frequency Allocation and Licensing Department (Frequency@cst.gov.sa).