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| P.O. Box 93 Phone: 22 82 46 004791 Lillesand  www.nkom.no E-mail: firmapost@nkom.no | Registration form  Providers of public electronic communications networks and public electronic communications services. |

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| Cf. the Electronic Communications Act (the Electronic Communications Act)  Use the last page or a separate attachment in case of any lack of space in the form fields. Activities in accordance with the information on this form may be initiated when registration has been sent to the Norwegian Communications Authority, cf. Section 2-1, first paragraph, of the Electronic Communications Act. |
| 1. PURPOSE OF REGISTRATION |
| * 1. Does registration apply to the start of a new network or new network services? \*  Yes  No   *If yes, answer the questions in Tables 2 through 4 below.* |
| * 1. Changes to already notified networks/network services, including – where applicable –  Yes  No   cessation of individual networks/services and cessation of all your activity. \*  *If yes, answer questions 2.1 and 2.2 and Table 4. In case of cessation of the entire activity, please indicate it*  *the relevant expiration date next to your cross.* |
| * 1. Change of supplier identification data, contact person or contact information of supplier\*  **Yes**  **No**   *If yes, fill in tables 2 and 3.* |
| * 1. Change start date \*  **Yes**  **No**   *If yes, fill in sections 2.1, 2.2 and Table 4.* |

\* Must be completed

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| **2. INFORMATION ABOUT THE PROVIDER** |  |
| 2.1. **Name of Provider \*** | **2.2. Organisation number (If a Norwegian company) \***  **2.2.1. Company registration number (If foreign company) \*** |
| **2.3. Postal address \*** | **2.4. Postal code/city \*** |
| **2.5. Visiting address \*** | **2.6. Website\*** |
| * 1. **Email address** |  |

\* Must be completed

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| 3. CONTACT PERSON INFORMATION |  |
| **3.1. Name of contact person \*** | **3.2. Phone number \*** |
| **3.3. Email address \*** | **3.4. Postal address \*** |

\* Must be completed

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| **4.1. Network:\***  **4.1.1. Physical Data Line (DLS)**  **Yes**  **No**  **4.1.2. Coaxial cable( Cable TV)**  **Yes**  **No**  **4.1.3. Fibre**  **Yes**  **No**  **4.1.4. Electricity cable systems**  **Yes**  **No**  **4.1.5. Wirelessly Licensed Spectrum**  **Yes**  **No**  **4.1.6. Wireless Unlicensed Spectrum**  **Yes**  **No**  **4.1.7. Standard mobile network**  **(i-e-\_ 2G. 3G. 4G. 5G)**  **Yes**  **No**  **4.1.8. Other mobile solutions (e.g.:**  **emergency com. network)  Yes  No**  **4.1.9. Subsea cables  Yes  No**  **4.1.10. Satellite  Yes  No**  **4.1.11. Other  Yes  No** | **4.2. Network Service**  **4.2.1. Fixed IAS  Yes  No**  **4.2.2. Mobil IAS  Yes  No**  **4.2.3. Fixed NB\_ICS (including nomadic)  Yes  No**  **4.2.4. Mobile NB\_ICS  Yes  No**  **4.2.5. Data transmission  Yes  No**  **4.2.6. Leased lines  Yes  No**  **4.2.7. Television broadcasting  Yes  No**  **4.2.8. Radio broadcasting  Yes  No**  **4.2.9. Roaming services (MCA and MCV)  Yes  No**  **4.2.10. Transport of telephone traffic**  **between operators  Yes  No**  **4.2.11. M2M services  Yes  No**  **4.2.12. Other  Yes  No** |
| **4.3. Brief description of the network \*** | **4.4. Brief description of the network service \*** |
| **4.5. Geographical area of the Member State where the network and/or network service is provided (In case of active providers at sub-national level) \*** | **4.6. Publicly available. \*  Yes  No** |
| **4.7. Wholesale service only \*  Yes  No** | **4.8. Estimated start date \*** |
| **4.9. Termination date** |  |

\* Must be completed

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| 4. BRIEF DESCRIPTION OF THE NETWORK OR NETWORK SERVICE |

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| 5. SIGNATURE OF THE OFFEROR | |
| The undersigned confirms knowledge of the provisions of laws and regulations that apply to electronic communications networks and electronic communications services, and that the information provided on this form is correct. The undersigned is aware that the enterprise may be required to pay sector fees and/or fees in accordance with the Regulations on Sector Fees and Fees to the Norwegian Communications Authority of 17 January 2024 no. 79 | |
| Date\* | Place\* |
| Offeror's signature \* | |
| *(Repeat the signature here in typescript)* | |
| **Changes to the information provided in the form must be reported immediately to the Norwegian Communications Authority.** | |

\* Must be completed