

**TANZANIA COMMUNICATIONS REGULATORY AUTHORITY**



**APPLICATION FOR PSTN NUMBER RANGE ASSIGNMENT/RESERVATION FROM THE NATIONAL NUMBERING PLAN**

1. Application Form Fee Receipt No. .... dated ...../...../.....
2. Name of Applicant .....
- Postal Address .....
- Telephone No. .... Telefax.....
- Service Licence Number .....
3. Preferred Number Range(s) applied for Assignment/Reservation  
.....and/or.....
4. Purpose of the applied PSTN Number range(s)  
.....  
.....  
.....  
.....
5. Date by which the Assignment/Reservation is to be effected: .....
6. Geographical Area(s) where the service will be offered using the applied number range(s): .....
7. Planned date for the service to be operational using the applied number ranges: .....
8. Status of the existing Assignment/Reservations in the same geographical area(s):  
.....
  - (i) Numbers allocated to end-users and are in service .....

9. Which networks/operators your network is directly interconnected with, and at what level of interconnection.

- (i) .....
- (ii) .....
- (iii) .....
- (iv) .....
- (v) .....
- (vi) .....

10. Any other information that you consider appropriate to support your applications:

.....  
.....  
.....

11. **DECLARATION**

I (name) ..... Title .....

Hereby declare that the applied PSTN Number Range(s) will be used in accordance with the rules and framework of the National Numbering System.

Signature ..... Date .....

Place .....



Note: The fully completed application form to be returned to:  
Director General,  
Tanzania Communications regulatory Authority,  
P.O. Box 474  
**DAR ES SALAAM.**

Email : [dg@tcra.go.tz](mailto:dg@tcra.go.tz)

**FOR OFFICIAL USE ONLY**

**12. EVALUATING OFFICER'S COMMENTS**

I have evaluated the application and find that the information given is relevant/not relevant and therefore Recommend/do not recommend for assignment/reservation of the PSTN Number range(s) as:

.....and.....

Name .....

Title .....

Signature ..... Date .....

**13. APPROVING OFFICER'S COMMENTS**

The information on this form has been scrutinized and found complying/not complying with the framework of the National Numbering System.

Therefore, approval for assignment/reservation of the requested PSTN Number range(s) ..... and ..... is granted/not granted.

Name .....

Rank .....

Signature ..... Date .....

**14. TO: ACCOUNTS (For Successful Applicants Only)**

Please invoice the Applicants a total of Tshs./US\$ .....

.....

being fee payable in respect of the assigned/reserved PSTN Number range(s)

..... and .....

Signature ..... Title ..... Date .....