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Registration form

Providers of public electronic communications networks and public electronic communications services.

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

1.1. 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.

1.2. Changes to already notified networks/network services, including – where applicable – cessation of individual networks/services and cessation of all your activity. * Yes No
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.

1.3. Change of supplier identification data, contact person or contact information of supplier* Yes No
If yes, fill in tables 2 and 3.

1.4. Change start date * Yes No
If yes, fill in sections 2.1, 2.2 and Table 4.

* Must be completed

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*
1.5. Email address	

* Must be completed

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

4. BRIEF DESCRIPTION OF THE NETWORK OR NETWORK SERVICE	
4.1. Network:* 4.1.1. Physical Data Line (DLS) <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.2. Coaxial cable(Cable TV) <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.3. Fibre <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.4. Electricity cable systems <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.5. Wirelessly Licensed Spectrum <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.6. Wireless Unlicensed Spectrum <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.7. Standard mobile network (i-e_ 2G. 3G. 4G. 5G) <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.8. Other mobile solutions (e.g.: emergency com. network) <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.9. Subsea cables <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.10. Satellite <input type="checkbox"/> Yes <input type="checkbox"/> No 4.1.11. Other <input type="checkbox"/> Yes <input type="checkbox"/> No	4.2. Network Service 4.2.1. Fixed IAS <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.2. Mobil IAS <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.3. Fixed NB_ICS (including nomadic) <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.4. Mobile NB_ICS <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.5. Data transmission <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.6. Leased lines <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.7. Television broadcasting <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.8. Radio broadcasting <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.9. Roaming services (MCA and MCV) <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.10. Transport of telephone traffic between operators <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.11. M2M services <input type="checkbox"/> Yes <input type="checkbox"/> No 4.2.12. Other <input type="checkbox"/> Yes <input type="checkbox"/> 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. * <input type="checkbox"/> Yes <input type="checkbox"/> No
4.7. Wholesale service only * <input type="checkbox"/> Yes <input type="checkbox"/> No	4.8. Estimated start date *
4.9. Termination date	

* Must be completed

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 *	
<i>(Repeat the signature here in typescript)</i>	
Changes to the information provided in the form must be reported immediately to the Norwegian Communications Authority.	

* Must be completed