

Building indoor and outdoor telecommunication equipment  
 planning/ drawing approval/ test/ examination/ inspection application form

No : \_\_\_\_\_

**A Basic Information** (to be filled by building constructor)

Date: \_\_\_\_\_ (mm/dd/yy)

Constructor	Name (or name of the company)	Date of birth	Tel		
	Address ID No or business registration No	Mailing address	Building permit number		
Designer	Name	Operation license level number	Tel		
	Company name and business registration No.	Address of the company			
Contractor	Name of telecommunication engineering enterprise	Registration license number	Registration number of telecommunication engineering enterprise association		
	Name of electrical system business	Registration license number	Registration number of electrical engineering system business association		
	Vat numbers	Address of the company	Tel		
Building information	Location				
	Name of the building	Total floor area: m <sup>2</sup>	Construction base area: m <sup>2</sup>		
	Construction period	From (mm/yy) to (mm/yy)	Tel on site		
	Purpose of usage	<input type="checkbox"/> residence <input type="checkbox"/> office <input type="checkbox"/> business operation <input type="checkbox"/> hospital <input type="checkbox"/> school <input type="checkbox"/> other_____			
	No of pairs or volume	<input type="checkbox"/> Total No. of pairs of cables pairs <input type="checkbox"/> Customer's side inner lines of light cable lines	No of stories and residence unit	Underground floor	Aboveground floor
Telecommunication room equipments	<input type="checkbox"/> 1. Telecommunication room is required for : <input type="checkbox"/> more than 24 lines in the Customer's side optical fiber cable in the building <input type="checkbox"/> Buildings with 5 floors above floor and basemen <input type="checkbox"/> 2. No telecommunication room is required for : <input type="checkbox"/> less than 24 lines in the Customer's side optical fiber cable in the building <input type="checkbox"/> Building with less than 4 stories aboveground <input type="checkbox"/> Building with more than 5 floors aboveground, but no basement <input type="checkbox"/> Input cable pairs are no more than 20 pairs.		Total number of pairs of recommended cable or communication volume (port)/size of telecommunication room : <input type="checkbox"/> Less than 200 and telecommunication room is required/2.6~7m <sup>2</sup> (0.8~2 pin) <input type="checkbox"/> 201~600/7~14m <sup>2</sup> (2~4 pin) <input type="checkbox"/> 601~1000 /14~20m <sup>2</sup> (4~6 pin) <input type="checkbox"/> 1001~2000/20~30m <sup>2</sup> (6~9 pin) <input type="checkbox"/> 2001~4000/30~43m <sup>2</sup> (9~13 pin) <input type="checkbox"/> 4001~6000/43~59m <sup>2</sup> (13~18 pin) <input type="checkbox"/> More than 6001 / Decided by telecommunication service provider, building constructor and owner of the building through negotiation		
Attached information for examination	Checklist of building telecommunication equipment design and related design drawings(include floor plan, vertical ascending chart, building base location chart) with 2 copies for each item.				
Remark	1. There is 4 copies for this application form with one copy held by building constructor, one for the examination institution, one will be sent for Directorate General of Telecommunications after examination completion and one for local Internet service provider after completion. 2. Enclosed telecommunication equipment design checklist and design drawing shall be made into 2 copies with one held by examination institution and one by constructor after examination completion. 3. For buildings that has no name, "NO" should be filled in the blank of "name of the building". 4. The drawing attached by constructor based on building management decree should be handled separately according to decree. 5. Contractor shall attach photocopy of registration license and membership certificate of association for verification				

**B. Planning :** (to be filled by local internet service provider)

Date: \_\_\_\_\_ (mm/dd/yy)

Company name	Business registration number	Company address					
Items to be noted during construction	Install pipe <input type="checkbox"/> Silts mm tube, place(s) <input type="checkbox"/> Underground mm pipe, place(s)	Area size : m <sup>2</sup> ( pin)	Name of supervisor	Name of the agent	Tel	Tel	Company stamp
	<input type="checkbox"/> Telecommunication room or <input type="checkbox"/> Main wire box Discuss the cable location for pipe installation and telecommunication room wire box						

**C. Reviewing certificate of design drawing :** (to be filled by issuing person according to building laws and engineer laws)

Date: \_\_\_\_\_ (mm/dd/yy)

VISA issuing person	Name	Operation license level number	Tel	Signature
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	Company name	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																					Company address		p visa issuance	
Business registration number																										

**D. Drawing approval :** ( to be filled by examination institution ) examination fee category :  A1  B1  C1  D1  E1  A2  B2  C2  D2  E2  A3  B3  C3  D3  E3 Date: \_\_\_\_\_(mm/dd/yy)

Examination institution	Name				Address			Examination institution approval	
	Examination person	Name		Engineer license number		Tel			
Remark	If disqualified after examination, note the builder by official document to re-apply for examining according to the rules.								

**E. Test :** ( to be tested and filled by architect or professional technician ) Date: \_\_\_\_\_(mm/dd/yy)

<input type="checkbox"/> Professional technician <input type="checkbox"/> Architect	Name				Operation license level number				<input type="checkbox"/> architect <input type="checkbox"/> professional  visa																		
	Company name				Company address																						
	Business registration number	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																									
Remark	Visa in this column should be as same as that in the building indoor outdoor telecommunication equipment test/examination record																										

**F. Examination :** ( to be examined and filled by drawing approval examination institution ) Date: \_\_\_\_\_(mm/dd/yy)

Examination institution	Name				address			Visa approval by examination institution	
	Examination person	name		Technician license number		Tel			
Remark	If disqualified after examination, another written notice will be sent to return this application form (with examination information attached). Constructor may re-apply for examination.								

