DIRECTIE TELECOMMUNICATIEZAKEN (DTZ)

**ARUBA**

DIRECTORATE OF TELECOMMUNICATIONS AFFAIRS

RUMBASTRAAT 19

+297-582-6069

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dirtelza@dtz.aw

[www.dtz.aw](http://www.dtz.aw)

**REGISTRATION FORM GENERAL AUTHORIZATION FOR**

**AERONAUTICAL MOBILE-SATELLITE SERVICE**

[ ]  **Request New Authorization** [ ]  **Request Renewal**

**Applicant information**

**Name of company applying for authorization:** Click here to enter applying company name.

**Company e-mail :** Click here to enter company e-mail.

**Attention to (Representative) :** [ ] **Mr.** [ ]  **Mrs.** [ ]  **Miss** Click here to enter representative name.

**Representative e-mail :** Click here to enter e-mail representative.

**Authorization for**

[ ]  **Aircraft** [ ]  **Vessel**

[ ]  **Aruban registered** [ ]  **Foreign registered**

**Technical information**

**Mobile Networks**

[ ]  **GSM** [ ]  **LTE**

**Wireless Networks**

[ ]  **Wi-Fi**

**Satellite Networks**

[ ]  **ViaSat** [ ]  **InmarSat** [ ]  **Satcom** [ ]  **Other:** Click here to enter other sat. network.

**Satellite Band**

[ ]  **Ku-Band** [ ]  **Ka-Band** [ ]  **Other:** Click here to enter other sat. band.

**Satellite Frequency Band**

**Uplink:** Click here to enter uplink frequency band. / **Downlink:** Click here to enter downlink frequency band.

**Financial information**

[ ]  **Please attach proof of payment**

**Mailing address**

Application should be mailed to dirtelza@dtz.aw and a cc. to iz@dtz.aw.

**Download Application Form**

Application form is to be found on our website [www.dtz.aw](http://www.dtz.aw)/formulieren in tab “Formulieren” (forms).

Look for the following document “Registration Form General Authorization For

Aeronautical Mobile-Satellite Service”.

**Please make sure form is correct and completely filled.** *Version 1/2019*

**Additional payment information**

Processing of your request will start upon receipt of the payment of AWG. 307.50. This amount consist of AWG 300.00 according to our law article 1 sub e “Lb ham Retributies en Legesbesluit Directie Telecommunicatiezaken 2007” (AB 2007 no.119) and the local bank charges of AWG. 7.50.

The exchange rate is: USD. 1.00= AWG. 1.78. So AWG. 307.50 : 1.78= USD. 172.75.

It is safer to transfer **USD. 173.00 per each general authorization request** to avoid shortage in case of exchange fluctuations.

The annex below contains the bank transfer information.

**Transfer information**

**Transfer in Euro’s to RBC Royal Bank (Aruba) N.V.**

Transfer method: Swift MT 103

Correspondent bank: ING Bank N.V., Brussels, Belgium

Correspondent swift code: BBRUBEBB

Swift code of RBC Royal Bank (Aruba) N.V. (field 57a)A: RBTTAWAW

Address of RBC Royal Bank (Aruba) N.V.: Italiëstraat 36, Oranjestad, Aruba

By order of (field 50a):

Ordering customer full name (initials only not allowed)

Address ordering customer (street and number, only, country). This field is mandatory. P.O Box addresses will not be accepted.

In favor of/beneficiary (field 59):

Beneficiary account number: **30.71.0733**

Beneficiary full name (initials only not allowed): **Directie Telecommunicatiezaken**

Address beneficiary (street and number, city, country). This field is mandatory. P.O. Box addresses will not be accepted: **Rumbastraat 19**

Details of payment (field 70): Invoice number and clients name. This field is mandatory

**Local bank charges:** **AWG. 7,50**

**Transfer in US dollars to RBC Royal Bank (Aruba) N.V.**

Transfer method: Swift MT 103

Correspondent bank: Wells Fargo bank, N.A.

Correspondent swift code: PNBPUS3NNYC

Correspondent ABA code: 026005092

Swift code of RBC Royal Bank (Aruba) N.V. (field 57a)A: RBTTAWAW

Address of RBC Royal Bank (Aruba) N.V.: Italiëstraat 36, Oranjestad, Aruba

By order of (field 50a):

Ordering customer full name (initials only not allowed)

Address ordering customer (street and number, only, country). This field is mandatory. P.O Box addresses will not be accepted.

In favor of/beneficiary (field 59):

Beneficiary account number: **30.71.0733**

Beneficiary full name (initials only not allowed): **Directie Telecommunicatiezaken**

Address beneficiary (street and number, city, country). This field is mandatory. P.O. Box addresses will not be accepted: **Rumbastraat 19**

Details of payment (field 70): Invoice number and clients name. This field is mandatory

**Local bank charges:** **AWG. 7,50**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT **REC ROYAL BANK** SERVICE LINE AT (0297) 568.01.01 DURING OFFICE HOURS FROM 8:00 AM TO 4:00 PM