

www.ca.go.ke CA/F/SRM/TA 1.5

ICT Equipment (Type Approval / Type Acceptance) Application Form (June 2025)

A: This application should be completed in English.

B: The application shall be submitted with the following:-

- 1. A letter of agency from manufacturer or distributor. The letter should state other countries where the equipment is type approved and in service.
- 2. Sample* of equipment/Instrument model complete with associated accessories and attachments. The sample(s) of equipment submitted should be:
 - a) In good working condition
 - b) Properly configured for testing and complete with the necessary test adapters &accessories and
 - c) Clearly marked: trade name, model & serial/IMEI No.
 - *Note that the Authority is not obliged to return equipment that has been submitted for type approval purposes as some tests could be destructive.
- 3. Technical Operation Manuals or specifications in English
- 4. User Manuals in English.
- 5. Copies of
 - a) Declaration of Conformity issued either by the equipment Manufacturer or accredited laboratory, where applicable.
 - b) Test reports (RF, EMC & Safety) in English, issued by accredited laboratories. Evidence of tests laboratory accreditation (to ISO/IEC 17025) from an accreditation body that is a signatory of ILAC should be provided.
- 6. Non-refundable Type Approval fee. Information regarding the

Type approval fee for various equipment, is available at: https://www.ca.go.ke/license-application-forms-fees. The Authority does not accept cash payments for Type Approval applications, please use mobile money or bank transfers.

7. How we use your data

We require this information in order to carry out our mandate under the Kenya Information and Communications (Importation, Type Approval and Distribution of Communications Equipment) Regulations, 2010.

8. Point of contact

CA prefers to communicate electronically. Please provide email addresses wherever possible. Note that as the licensee you can opt out of email correspondence in the declaration section. All other contacts whose emails are provided will receive communications electronically. If you have any queries about the form please contact: typeapproval@ca.go.ke

C: Duly completed application form shall be processed within twenty (20) working days from the date of its receipt and should be submitted to:

Director

Standards & Resource Management

Communications Authority of Kenya 1st Floor, CA Centre, Waiyaki Way P. O. Box 14448 Nairobi 00800

Tel: +254-20- 4242000 / +254 703 042000

E-mail: typeapproval@ca.go.ke



Case No:		
		1

Ref: CA/F/SRM/TA 1.5		
Section A Official Detai	ls	
A.1 For an existing licensee please provide your details and update the following sections.	- Business Name - CA Account No.	
A.2 Licensee official address & details	Licensee Name Physical Address P.O. Box Postcode City & Country Tel / Mobile E-mail	Post Office
A.3 Official representative address & details	Representative Name Official Title P.O. Box Postcode City & Country Tel / Mobile E-mail	Post Office
Version A: Revision 5:CA/F/SRM/TA 1.5		Page 2 of 4

Section B Equ	uipment De	etails			
B.1 Type Approval Category:	Commercial Use		Individual Us	se	
B.2 Equipment Category, please select applicable category:					
Tick√	Category	Category na	ime	Examples	
	1	Terminal E	Equipment	Phones, tablets, wireless Phones, etc	
	2	Radio Tra	insceivers	Radio,PMR, Broadcast, Sa Base stations, etc	
	3	Networking Equipment		Routers, switches, modems, tracking devices, etc	
√	4	Other (Specify)		
Brand Name	r Information:	Model N			
Manufacturer		Addre	SS		
B.4 Equipment Technical Infor	mation				
Frequency Range (MHz)			ominal er (W)		
B.5 Equipment Safety Informa	tion				
Max SAR (W/Kg)			diated ver (W)		
Test	Test St	tandard Comp	olied Test	ing Laboratory & Address	Test Report Number
Electromagnetic Compatil	bility				
Radio Health & Safety Specifi	ic				
Absorption Rate					
			P7 Tost P	Reports Checklist	
B.6 Submission Checklist (Al		English)	D7 Test N		
Technical Manual				Electromagnetic Co	
Letter of Agency Operating Manual				Health & Safety Specific Ab	
Sample					Radio
Payment Details				Techno	ology Specific
·				Conformanc	e Certificates
B8 IP Address Capability					
IPv4 only					
IPv4 and IPv6					
IPv6 only					
N/A					
ersion A: Revision 5:CA/F/SR	M/TA 1.5				Page 3 of 4

Section C D	Declaration				
C.1 Declaration I/ we are applying for Type-approval for the Equipment(s) specified above for use in Kenya. I/we hereby certify that all information provided in this application is true and correct to the best of my/our knowledge. I/we also understand it is an offence under the Penal Code to give false information in support of any application. I/we further understand that any authorization granted based on untrue/incorrect information may be revoked by the Authority and that it will be incumbent upon the holder of such an authorization to take tangible stops to withdraw the affected devices from the market.In such circumstances, I/we indemnify the Authority from any costs or lawsuits that may ensue following such a revocation. I understand and accept that under the Kenya Information and Communications (Importation, Type Approval and Distribution of Communications Equipment) Regulations; 1) The Communications Authority of Kenya may use or share my information to help: a) issue, amend, validate and/or surrender a Type Approval Authorisation; b) maintain and publish a register of Type Approved equipment 2) The Communications Authority of Kenya will not give anyone my information except: a) where the Communications Authority of Kenya has my permission; or b) where the Communications Authority of Kenya is required or permitted to do so by law; or c) to other companies or organizations who provide a service to Communications Authority of Kenya or me;					
Representative I	Name Date	Position/ Designation	Signature		
C.2 Equipment & Manufa Brand Name. Manufacturer. C.3 Equipment Technical Frequency Range (MHz).	Information	Model No Version Manufacturer Address Nominal Power (W)			
Section D (Official Use Only				
	(All documents in English) Electromagnetic Compatibility Health & Safety Specific Absorption Rate Radio Conformance Certificates	Receiving Officer Na Recommenda	Sign Date		
Case No. ICSM No. TAC No. Date Received		ion lire late			
Version A: Revision 5:CA/I	F/SRM/TA 1.5		Page 4 of 4		