



Commission for  
**Communications Regulation**

## Application Form

### **Premium Rate Services: Licence Application**

<b>Document No:</b>	<b>ComReg 10/52</b>
<b>Date:</b>	<b>12 July, 2010</b>

**An Coimisiún um Rialáil Cumarsáide**  
**Commission for Communications Regulation**

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# **PREMIUM RATE SERVICES LICENCE APPLICATION**

## **Part 1: General Details**

<b>Type of Application</b>	<b>New</b> <input type="checkbox"/>	<b>Amendment</b> <input type="checkbox"/>
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### **Applicant Details:**

*Items marked with an asterix (\*) will be published by The Commission for Communications Regulation (ComReg) on the public register of PRS providers.*

#### **a. Company/Personal Details**

<b>*Full Name of the Company or Person in whose name the licence is sought:</b>	
<b>*Full Postal Address i.e. Business Address for Regulatory Contact:</b>	
<b>*Registered Office Address (if different to Business Address):</b>	
<b>Company Registration Office Number (or foreign equivalent):</b>	
<b>Current Trading Name(s):</b>	
<b>Previous Trading Name(s):</b>	

#### **b. Regulatory Contact Details**

<b>Regulatory Contact Name:</b>	
<b>Position held:</b>	
<b>Contact Phone Number:</b>	
<b>Contact E-mail Address:</b>	

## **PREMIUM RATE SERVICES LICENCE APPLICATION**

**c. Customer Service Contact Details**

<b>*Customer Service Contact Phone Number:</b>	
<b>*Customer Service Contact email address:</b>	
<b>*Customer Service Contact website address:</b>	
<b>Does the Applicant intend to provide Customer Service from within its own resources or outsource?</b>	Internal <input type="checkbox"/> Outsourced <input type="checkbox"/>
<b>If Outsourced, Company Name:</b>	
<b>Full Postal Address i.e. Postal Address for Outsourced Customer Services:</b>	
<b>Does the provider of Customer Services on behalf of the Applicant hold a PRS Licence? (This is not a mandatory requirement)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If "Yes" state the Licence Number:</b>	

# **PREMIUM RATE SERVICES LICENCE APPLICATION**

## **Part 2: Category of Licence Required by the Provider**

*\*\*The applicant may indicate a requirement for more than one type of licence*

Please indicate the category of licence(s) required for the purposes of providing “*Specified Premium Rate Services*” as provided for at Regulation 3 of the Communications Regulation (Premium Rate Services) Regulations, 2010.

<p><b>Content Provider (CP)</b></p> <p>This means a person who does any or all of the following for gain:</p> <ul style="list-style-type: none"><li>• provides the contents of a premium rate service, or</li><li>• exercises editorial control over the contents of a premium rate service.</li></ul>	<input type="checkbox"/>
<p><b>Aggregator Provider (AP)</b></p> <p>This means a person who does any or all of the following for gain:</p> <ul style="list-style-type: none"><li>• packages together the contents of a premium rate service for the purpose of facilitating its provision,</li><li>• makes available a facility as part of a premium rate service, or</li><li>• transfers a premium rate service from a content provider to one or more electronic communications networks.</li></ul>	<input type="checkbox"/>
<p><b>Network Operator</b></p> <p>This means a person who does any or all of the following for gain:</p> <ul style="list-style-type: none"><li>• provides the electronic communications service over which a premium rate service is provided, or</li><li>• provides the electronic communications network over which a premium rate service is transmitted.</li></ul> <p>Please specify one, or both, of the following:</p> <ul style="list-style-type: none"><li>○ End Users Network Operator (<i>EUNO</i>) i.e. the end-user’s billing network.</li><li>○ Terminating Network Operator (<i>TNO</i>) i.e. the revenue-sharing network operator which contracts with the Aggregator Provider or the Content Provider.</li></ul>	<input type="checkbox"/>  <input type="checkbox"/>

## **PREMIUM RATE SERVICES LICENCE APPLICATION**

### **Types or Class of Service that Require Authorised Service Certificates**

Note: The Commission for Communications Regulation (ComReg) requires Licensees to obtain a Certificate for Authorised Services in respect of the services set out below:

- Chatline Services (Live or Virtual),
- Services for the benefit of a charitable organisation or non-profit organisation,
- Sexual Entertainment Services,
- Subscription Services,
- Internet Dialler software operated,
- Quiz Television Services.

To obtain an authorised service certificate, the Licensee must complete a separate form available on ComReg's website [www.comreg.ie](http://www.comreg.ie).

## **PREMIUM RATE SERVICES LICENCE APPLICATION**

### **Part 3: Declarations**

Have you, the applicant, or any company (within the meaning of the Companies Acts) with which you were connected during the previous five years, been convicted of an offence for:

contravening Section 12 of the Communications Regulation (Premium Rate Services and Electronic Communications Infrastructure) Act, 2010? or	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
contravening Section 13 of the Communications Regulation (Premium Rate Services and Electronic Communications Infrastructure) Act, 2010? or	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
failing to comply with Regulation 13 of the European Communities (Electronic Communications Networks and Services)(Data Protection and Privacy) Regulations 2003 (S.I. No. 535 of 2003) (as amended)?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
Has any person responsible or proposed to be responsible for the management of the applicant's business in relation to providing premium rate services been refused a licence or had a licence suspended or revoked?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

I hereby certify that the information provided in this application is, to the best of my knowledge, true and complete. I understand that:

- (1) if there is any inaccurate, false or misleading information contained in this application, the application may be refused, or
- (2) if the licence has issued and the information provided in the application is subsequently found to inaccurate, false or misleading, the licence will automatically be void.

I confirm that no change will be made in any of the foregoing without prior approval of the Commission for Communications Regulation.

Signature of Applicant: \_\_\_\_\_

On behalf of (Company): \_\_\_\_\_

Name in Block Letters: \_\_\_\_\_

Date: \_\_\_\_\_

# **PREMIUM RATE SERVICES LICENCE APPLICATION**

## **Part 4: Fees and Method of Payment**

For Office Use Only:

**SIN**  
**AR**  
**A/C**

### **4A: PRS Licence Fee (Please tick the appropriate box):**

Fees to be paid for this PRS Licence are

New Application €100

Amendment or Transfer €50

### **4B: Method of Payment:**

<b>Cheque / Postal Order</b>	Cheques / Postal Orders should be crossed and made payable to <i>The Commission for Communications Regulation</i>
<b>Credit Card</b>	Credit card payments can be accepted by completing the Credit Card payment form below  For existing ComReg account holders accepted, payments can made: <ul style="list-style-type: none"><li>○ By telephone - contact accounts at 01 8049618; or</li><li>○ On-Line, using <a href="http://www.elicensing.comreg.ie">www.elicensing.comreg.ie</a></li></ul>

### **Credit Card Payment Form:**

**Type of Card:**                      **Visa**  **Access / MasterCard**  **Laser**

Card Number :        \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

Cardholder's Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Existing Account Holders only:**

<b>Bank Transfer / Electronic Funds Transfer (EFT)</b>	Transfers to ComReg's account should be made to: Bank of Ireland, 6 Lower O'Connell Street, Dublin 1. Account Number: 17806887 Sort Code: 90-00-33 BIC Code: BOFIE2D IBAN No: IE62 BOFI 9000 3317 8068 87.  If making a bank transfer/EFT, please ensure that: <ul style="list-style-type: none"><li>· your bank quotes <b>your Account Number</b> and "<b>Aircraft Radio Application</b>" in making the transfer to ComReg; and</li><li>· you forward details of the date of and amount of payment to our Accounts Department (<a href="mailto:accounts@comreg.ie">accounts@comreg.ie</a>).</li></ul>
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