

Application for low power open narrowcasting variation, Narrowband area service and High Frequency broadcasting services

(In accordance with section 99 of the *Radiocommunications Act 1992*)



Instructions for completion

- Print clearly. Forms which are illegible, unclear or have incomplete details may be returned for clarification.
- Applicant's details: provide the existing or proposed licensee's details, not those of an agent.
- A separate application form is required for each type of licence sought.
- However, more than one licence of the same type may be applied for on a single application form.
- The Additional Station Information form (RO77) is to be completed with this form.
- **Note that the ACMA does not issue a licence unless all relevant fees are paid.**
- Some organisations providing safety of life service may qualify for a licence fee concession or exemption. For further information, contact the Customer Service Centre at 1300 850 115 or info@acma.gov.au.

Disclosure of personal details

Information provided by the applicant or authorised representative in a field of this form that is marked with an asterisk (*) is required by section 147 of the *Radiocommunications Act 1992* to be disclosed to the public by the ACMA in the Register of Radiocommunications Licences. The ACMA will disclose the contents of the Register by making it available for inspection on its website.

This form is used:

- () to apply for a NEW service
- () to vary an existing service

OFFICE USE ONLY

Date

Client number

Correspondence Number

Transaction number

Licence number

Applicant's details (A LICENCE MUST BE HELD BY EITHER AN INDIVIDUAL OR BODY CORPORATE)

Client number *

Name (or contact name if an organisation) *

GIVEN NAMES
FAMILY NAME

Organisation name*

ACN *

ABN *

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Trading name *

Email address

Contact details

BUSINESS ()
MOBILE
OTHER PHONE ()
FACSIMILE ()

Postal address *

POSTCODE

Residential or business address

IF NO POSTAL ADDRESS IS PROVIDED, THE RESIDENTIAL OR BUSINESS ADDRESS WILL BE TAKEN AS THE POSTAL ADDRESS AND THE ABOVE MENTIONED DISCLOSURE PROVISIONS WILL APPLY.

POSTCODE

Entity typeDESCRIPTION OF ENTITY TYPE
(e.g. Company, Person, Government)**Industry classification**DESCRIPTION OF MAIN BUSINESS ACTIVITY
(e.g. Construction, Mining, Manufacturing)**Required licence period**

Licences issued for periods up to, and including, one year must be paid for in full at the time of application. Licences issued for longer periods may be paid for in full at the time of application, or by annual instalments. For spectrum planning reasons, the ACMA may issue or renew a licence for a period less than that requested (see section 103 of the *Radiocommunications Act 1992*).

Licences are usually issued for 1 year. If licences are required for periods other than 1 year, please specify the period: (up to 5 years)

If you would like licence(s) to have a particular expiry date, please specify that date here:

Type of licence

More information about licence types and fees can be found in the publication Apparatus Licence Fee Schedule, available from the Customer Service Centre or on the website www.acma.gov.au. Please complete this section by indicating the licence type and licensing option being applied for, as well as the number of licences required.

Licence type:*

- Low Power Open Narrowcasting
- Narrowband Area Service
- High Frequency Broadcast Service

Number of licences

Payment of Fees

- The ACMA will send an invoice for the fee required to issue the licence. The fee **must be paid within 30 days** from the date on the notification to the applicant. Should fees not be paid by the due date, the ACMA will consider refusing the application and the frequency may become available for assignment to other services. Applicants will be advised of review and appeal rights which apply to any decision to refuse an application.
- Consideration of an application attracts an administrative charge, even if the ACMA refuses to issue the licence.
- Please send your completed application form(s) to the ACMA Customer Service Centre. For any assistance with completing this form, please contact:
Customer Service Centre
PO Box 78

Belconnen ACT 2616
Telephone: 1300 850 115
Facsimile: (02) 6219 5347
Email: info@acma.gov.au

Declaration (A LICENCE MUST BE HELD BY EITHER AN INDIVIDUAL OR A BODY CORPORATE)

I declare that the information provided in this application, and in any accompanying documents, by me as the applicant, or as a person authorised **by the applicant, is true and correct in every detail and that the equipment to be employed is of a type accepted by the ACMA for licensing purposes.

SIGNATURE
PRINT NAME
DATE
NAME OF AUTHORISED AGENTS ORGANISATION (IF A BODY CORPORATE)

**If you are not registered with the ACMA as an accredited person, attach copy of written agency agreement confirming that you are authorised to act on the applicant's behalf in this particular matter; otherwise, sign the acknowledgment below.

I certify that I am authorised to act as an agent in relation to this application.

SIGNATURE
PRINT NAME
DATE
NAME OF AUTHORISED AGENTS ORGANISATION (IF A BODY CORPORATE)