

Application for transfer of apparatus licence(s)

(In accordance with section 131AA of the *Radiocommunications Act 1992*)



Instructions for completion

> Print clearly. Forms which are illegible, unclear or incomplete details may be returned for clarification.

Note

- > Information provided by the applicant 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 a Register of the Radiocommunications Licences. The ACMA will disclose the contents of the Register by making it available for inspection at any ACMA office, on its website and through the sale of a CD-ROM.
- > Licences exempt from licence fees may only be transferred to similarly exempt persons or bodies.
- > Persons granted licence fee concession may only transfer a licence to persons eligible for licence fee concession or exemption.

Where to send this form

- > Cheques or money orders should be made payable to the ACMA. Alternatively, the ACMA will send a tax invoice to the transferee for payment of the transfer charge.
- > Completed forms with signatures should be forwarded with the appropriate fee to:
Licence Issue and Allocation Section
Spectrum Operations and Services Branch
Australian Communications and Media Authority
PO Box 78
Belconnen ACT 2616
- > Enquiries and forms can be forwarded to Licence Issue and Allocation Section, phone: 1300 850 115, fax: 02 6219 5347 or email: info@acma.gov.au

OFFICE USE ONLY

Date _____

Licensee client #: _____

Corro #: _____

Transferee client #: _____

Corro #: _____

Transaction number: _____

(circle) Licensee / Transferee

Current licensee's details

Client number (if known)

Name (or contact name if an organisation)
SURNAME _____
GIVEN NAMES _____

Organisation name (if applicable)

ACN number (if applicable) ABN number (if applicable)

Trading name (if applicable)

Postal address

POSTCODE _____

Residential or business address

POSTCODE _____

Contact details

WORK () _____

HOME () _____

MOBILE _____

FACSIMILE () _____

EMAIL _____

Are you currently exempt from payment of licence fees?

() Yes () No

Do you currently qualify for a licence fee concession?

() Yes () No

Details of licence(s) to be transferred

| Licence number | Callsign* | Licence type* | Expiry date* |
|----------------|-----------|---------------|--------------|
| | | | |
| | | | |
| | | | |

Current licensee's declaration

I agree to the transfer of the licence(s) listed above and I declare that the information provided in this application, and in accompanying documents, is true and correct in every detail.

| |
|--|
| SIGNATURE |
| PRINT NAME |
| DATE |
| POSITION IN ORGANISATION (IF APPLICABLE) |

Proposed licensee (transferee) details

Do you hold a radiocommunications licence?

Yes No

If yes, insert client number

Name* (complete only if transferee is not an organisation)

| |
|-------------|
| SURNAME |
| GIVEN NAMES |

Organisation name* (if applicable)

ACN number* (if applicable) ABN number (if applicable)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Trading name* (if applicable)

Postal address*

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| POSTCODE |

Name of person representing the organisation

| |
|--------------------------|
| SURNAME |
| GIVEN NAMES |
| POSITION IN ORGANISATION |

Residential or business address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| POSTCODE |

Contact details

| |
|------------------------------------|
| WORK <input type="checkbox"/> |
| HOME <input type="checkbox"/> |
| MOBILE |
| FACSIMILE <input type="checkbox"/> |
| EMAIL |

Are you currently exempt from payment of licence fees?

Yes No

Do you currently qualify for a licence fee concession?

Yes No

Qualifications (for maritime ship and amateur licences only)

Proposed licensee's qualifications

Certificate number (optional)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

TO BE COMPLETED BY NEW CLIENTS ONLY

Client type

TICK RELEVANT ITEM

- Commonwealth department
- Other Commonwealth agency
- State government
- Local government

Private sector

- Company
- Community/volunteer group
- Person aged 18 years and over
- Person aged under 18 years

TO BE COMPLETED BY NEW CLIENTS ONLY

Industry category

TICK ITEM DESCRIBING YOUR PRIMARY FUNCTION

- Agriculture
- Communication services
- Construction
- Education
- Electricity/gas/water supply
- Finance and insurance general
- Government
- Health Services
- Mining
- Manufacturing
- Recreational and amateur activities
- Safety services
- Transport and storage
- Wholesale/retail trade
- Other

▼

Proposed licensee's (transferee's) declaration

I agree to the transfer of the listed licences from the current licensee and I declare that the information provided by me in this application, and in accompanying documents, is true and correct in every detail and that equipment to be employed meets all relevant standards made by the ACMA.

Name of current licensee

| |
|--|
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| |
|------------|
| SIGNATURE |
| PRINT NAME |
| DATE |