

# Request for Investigation of Interference to Radiocommunications (apparatus licence)



## Instructions

- Before seeking assistance from the ACMA, ensure that your system is operating according to the licence conditions, the interference is intolerable and not within your control.
- As the ACMA assesses your request based on the information on this form, please make every effort to complete all appropriate fields.
- Provision of a spectrum plot or an audio file of the interference will assist the investigation.

### Where to send this form

- Fax: (02) 6219 5346
- Email: [interference@acma.gov.au](mailto:interference@acma.gov.au)

Sample of a completed form is available at [www.acma.gov.au](http://www.acma.gov.au).

## Request details

### Name

Position (tick appropriate)
<input type="checkbox"/> Licensee
<input type="checkbox"/> Service agent

### ACMA client number (if applicable)

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### Residential or Business address (including business name)

POSTCODE

### Contact details

Phone
Fax
Email

### Service Agent's details (if requester is the licensee)

Name
Company
Phone
Email

## Affected radiocommunications service details

### Apparatus Licence details

Licence number
Spectrum Access number
Frequency
Location

### Use of this service (tick most appropriate)

*Safety of life	<input type="checkbox"/>	Government services	<input type="checkbox"/>
Aeronautical	<input type="checkbox"/>	Marine	<input type="checkbox"/>
Amateur	<input type="checkbox"/>	Recreational	<input type="checkbox"/>
Business/Commercial	<input type="checkbox"/>	Other	<input type="checkbox"/>

### Service details in normal operating conditions

Measured signal level
Type of modulation
Bandwidth
Antenna polarisation
Tone frequency (if used)
Squelch setting

**\* Radiocommunications used by relevant organisations primarily dealing with safety of life and protection of life and/or property.**

### Brief description of your antenna system (type/gain/filters etc)


**Interference details**

**Nature of interference**

Date first noticed
Duration
Repetition
Location
Peak period

**Measured or observed parameters of interference**

Measured level
Polarisation
Bandwidth
Frequency
Other

**Brief description of recovered audio if interference is audible**


**Brief description of method that was used to measure or observe the interference**


**Suspected (or identified) interference source**


**Other relevant information**


**Inclusions**

Please tick appropriate

Spectrum plot	<input type="checkbox"/>	Audio file	<input type="checkbox"/>	Other (e.g. logs)	<input type="checkbox"/>
Specify other					

**Date**

Date	
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