

Application for variation of an approved commercial television implementation plan



Instructions for completion

- Print clearly. Illegible, unclear or incomplete application details may delay processing.
- A fee of \$164 per hour or part hour applies for variation of an approved implementation plan. An invoice for payment will be forwarded to you and payment is required before the variation is approved. Cheques should be made payable to the Australian Communications and Media Authority.

Please note

- Giving false or misleading information is a serious offence.
- Providing documents that are false and misleading is also a serious offence.
- The ACMA will not disclose the information provided in this form unless required to do so by law.

Where to send this form

By post:
Manager
Implementation and Evaluation Section
Technical Planning and Evaluation Branch
Australian Communications and Media Authority
PO Box 78
BELCONNEN ACT 2616

By email: IP_Assess@acma.gov.au

For further information

Please telephone 1300 850 115.

Applicant details

Licence holder

Service licence number

Call sign

Implementation plan number

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

Geographic area

Licence area

ACMA USE ONLY

File number

Client number

Transaction number

Approved

Not Approved

Execution clause (complete either A or B)

I/we certify that the statements in this application are true, complete and correct to the best of my/our knowledge and belief, and are made in good faith.

A – Execution clause

This application is made with the authority of the committee or board of the licensee.
dated this day on

DAY	MONTH	YEAR
-----	-------	------

Presiding member of the board

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

Secretary or other committee/executive officer

SIGNATURE	DATE
PRINT NAME	
POSITION IN ORGANISATION	

B – Execution clause

Signed for and on behalf of by its authorised signatory:

--

Signature of authorised signatory:

PRINT NAME	
POSITION IN ORGANISATION	DATE

ACMA USE ONLY

A copy of this form has been sent to Secretariat

YES NO