## Application for accreditation

Section 263 of the Radiocommunications Act 1992





Australian Communications and Media Authority

## Instructions for completion

Please read the attached notes before completing this form.

Print clearly. Illegible, unclear or incomplete applications may delay processing.

Applicants must complete all sections of this form.

Successful applicants for a General Licensing Accreditation will be given accreditation to issue both frequency assignment and interference impact certificates.

Successful applicants for a Specific Licensing Accreditation will be given accreditation to issue frequency assignment certificates for a single, specified licence type.

Application fee: \$488.00

Applicants will be sent a tax invoice for the application fee upon receipt of their completed application by the ACMA.

## Send the completed form to:

Manager Licence Issue and Allocation Section Australian Communications and Media Authority PO Box 78 Belconnen ACT 2616

## General enquiries:

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

The information that must be provided on or with this form is being sought for the purpose of considering applications for accreditation under section 263 of the *Radiocommunications Act 1992*, and to enable the ACMA to perform a number of its spectrum management functions under section 9 of the *Australian Communications and Media Authority Act 2005*, in particular those under paragraphs 9(a), (b), (h) and (j). The ACMA may make the information provided in this application available to other Government agencies and departments in accordance with Part 7A of the *Australian Communications and Media Authority Act 2005*.

Any application provided to the ACMA may be released under the *Freedom of Information Act 1982*. The ACMA may also be required to release applications for other reasons, including for the purpose of parliamentary processes or where otherwise required by law.

Applicant's details	
Name	Postal address (if different from residential or business address)
SURNAME	
GIVEN NAMES	
Date of birth	POSTCODE
Date of birth	Contact details
	work ( )
Position	HOME ( )
	MOBILE
Organisation	FACSIMILE ( )
	Email
Residential or business address	
Residential of pusitiess address	Kind of accreditation applied for (please tick)
	General Licensing Accreditation
20270027	
POSTCODE	Specific Licensing Accreditation
	If the application is for a Specific Licensing Accreditation, please specify the licence type below

) Please add my contact details to the List of Accredited Persons on the ACMA's website.

Note: The list of Accredited Persons on the ACMA website is a public listing and allows people interested in using accreditation services to view your details.

Please attach a copy of relevant educational qualifications, along with a	list of subjects studied.
Qualification	Educational institution
Significant component(s) relating to electronic engineering or radiocomic	munications
Relevant work history	
Please attach another page if more space is needed.	
Representations by a person, body or organisation	
Please include representations by 2 persons, bodies or organisations a	bout the applicant's suitability for accreditation. Attach another page if
more space is needed.	
1.	

2	
Contact details for persons, bodies or organ  1. Name	sations 2. Name
SURNAME	SURNAME
SURNAME	SURNAME
SURNAME  GIVEN NAMES  POSITION	SURNAME  GIVEN NAMES  POSITION
SURNAME  GIVEN NAMES  POSITION  ORGANISATION	SURNAME  GIVEN NAMES  POSITION  ORGANISATION
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address  POSTCODE  Declaration  I understand that a person who knowingly or recklessl	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address  POSTCODE   y makes a false statement in, or in connection with, an application is guilty of an offence
SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address  POSTCODE  Declaration  I understand that a person who knowingly or recklessl	SURNAME  GIVEN NAMES  POSITION  ORGANISATION  TELEPHONE ( )  EMAIL  Address

DATE		DATE
	_	
Note: Part 7.4 of the Criminal Code Act 1995 applies to a		
	OFFICE US	Client number
Total payment		Cheric Humber
		Accreditation number
Tax invoice number		
		Date payment received

PRINT NAME

PRINT NAME