

**From:** [ACMA Customer Service Centre](#)  
**To:** [Ted Iuliano](#)  
**Subject:** [SEC=OFFICIAL] ACMA Transfer request [Ref: CSC2021-31381] CRM:001316018759  
**Date:** Friday, 12 November 2021 1:45:41 PM  
**Attachments:** [Scan from Ricoh\\_1.pdf](#)

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Hello Ted

Thank you for submitting a transfer of licence request.

We are unable to transfer licences 1504554/3, 1505116/4, 1507265/3, 10501683/2 and 10502968/3 as they expired on the 1<sup>st</sup> and 2<sup>nd</sup> of September 2021 and are now past the 60 day grace period in which we can accept payment for renewal.

If you would like to proceed with transferring the remaining 2 granted licences (10605720/1 and 10605840/1) to Radio Italia Uno Adelaide Incorporated please let me know.

Kind Regards

Amanda  
Enquiries Officer  
Customer Service Centre  
Telephone: 1300 850 115  
Email: [info@acma.gov.au](mailto:info@acma.gov.au)

11 NOV 2021

**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 may be returned for clarification.

**Note:**

- > Giving false or misleading information is a serious offence.
- > Information provided by the applicant 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 Radiocommunications Licences. The Register is available for inspection at any ACMA office and on its website.
- > 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:**

- > Completed form(s) must only be signed by the licensee and the proposed licensee, or by a person authorised to represent the licensee or proposed licensee, and should be sent by email to [info@acma.gov.au](mailto:info@acma.gov.au) or by mail to:

Customer Service Centre  
Australian Communications and Media Authority  
PO Box 78  
Belconnen ACT 2616

- > The transfer fee of \$51 will be invoiced when the transfer application has been processed.
- > If you have enquiries, email the ACMA Customer Service Centre on [info@acma.gov.au](mailto:info@acma.gov.au) or call 1300 850 115.

**OFFICE USE ONLY**

Date:	/ /
Licensee client #:	
Proposed licensee client #:	
Transaction #:	
Circle type:	Licensee Proposed licensee

**Current licensee's (seller) details**

Client number

20038468

Name (or contact name if an organisation)

SURNAME

IULIANO

GIVEN NAMES

TED

Organisation name (if applicable)

TEKA NOMINEES P/L

ACN number (if applicable)

ABN number (if applicable)

37247723814

Postal address

49 MONTACUTE RD  
CAMPBELLTOWN  
S.A POSTCODE 5074

49 MONTACUTE RD  
CAMPBELLTOWN  
S.A POSTCODE 5074

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

Residential or business address

## Details of licence(s) to be transferred

Licence number	Callsign*	Licence type*	Expiry date*
10502968/3		LPO.N	
10605720/1		"	
10501683/2		"	
10507265/3		"	
10505116/4		"	
1504554/3		"	
10603840/1		"	

## Current licensee's declaration

I (a) declare that the information provided in this application, and in accompanying documents, is true and correct in every detail; and

(b) declare that I have the authority to agree to the transfer of the licence(s) as proposed in this application; and

(c) agree to the transfer of the licence(s) listed above.

SIGNATURE

PRINT NAME

DATE

POSITION IN ORGANISATION (IF APPLICABLE)

## Proposed licensee (buyer) 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)

RADIO ITALIA UNO ADELAIDE INC.

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

Trading name\* (if applicable)

Postal address\*

265 STURT ST  
ADELAIDE  
S.A. POSTCODE 5000

Name of person representing the organisation

SURNAME

GIVEN NAMES

POSITION IN ORGANISATION

Residential or business address

49 MONTACUTE RD

CAMPBELLTOWN

S.A.

POSTCODE

5074

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

## Qualifications (for maritime ship and amateur licences only)

Proposed licensee's qualifications

Certificate number (optional)




**New client information—please complete if you are a new client****Client type***Government clients:*

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

*Private sector clients:*

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

**Industry—tick which describes your primary function:**

- ☐ Agriculture
- ☐ Communication services
- ☐ Construction
- ☐ Education
- ☐ Electricity/gas/water supply
- ☐ 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 licence(s) 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. I declare that I have the authority to agree to the transfer of the licence(s) as proposed in this application.

Name of proposed licensee

RADIO ITALIA UNO ADELAIDE INC.

SIGNATURE

PRINT NAME

DATE

POSITION IN ORGANISATION (IF APPLICABLE)

SECRETARY

**Details of payment**

The transfer fee of \$51 will be sent by invoice when the licence transfer has been completed.

Please indicate who is paying this fee:

- ☐ current licensee (seller)
- ☒ proposed licensee (buyer).