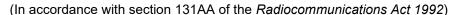
Application for transfer of apparatus licence(s)





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.
- From 1 January 2026, persons will be required to notify the Australian Competition and Consumer Commission (the ACCC) of certain acquisitions if they meet specified thresholds and must wait to receive approval before the acquisition can proceed. This may include the transfer of an apparatus licence if the specified thresholds are met. For more information please see the ACCC's information on merger reforms.

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 or by mail to:

Customer Service Centre

Australian Communications and Media Authority

PO Box 78

Belconnen ACT 2616

- The transfer fee will be invoiced when the transfer application has been processed. Please see the <u>ACMA apparatus licence fee schedule</u> for the current transfer fee amount.
- If you have enquiries, email the ACMA Customer Service Centre on info@acma.gov.au or call 1300 850 115.

Comment linear and a facility dataile	
Current licensee's (seller) details	
Client number	Residential or business address
	Nesidential of pusifiess address
Name (or contact name if an organisation)	
SURNAME	POSTCODE
GIVEN NAMES	L
Organisation name (if applicable)	Contact details
Organisation name (ii applicable)	WORK ()
	HOME ()
	MOBILE
ACN number (if applicable) ABN number (if applicable)	FACSIMILE ()
Postal address	EMAIL
	Are you currently exempt from payment of licence fees?
	☐ Yes ☐ No
POSTCODE	Do you currently qualify for a licence fee concession?
	☐ Yes ☐ No

Licence number	Callsign*	Licence type*	Expiry date*
Current licensee's de	eclaration		
(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	
		NAME (PRINTED)	
		DATE	
		POSITION IN ORGANISATION (IF APPLICABLE)	
Proposed licensee (b	uyer) details		
o you hold a radiocomn	nunications licence?	Name of person re	presenting the organisation
Yes No		SURNAME	
If yes, insert client number		GIVEN NAMES	
		POSITION IN ORGANIS	SATION
Name* (complete only if transferee is not an organisation)		Residential or business address	
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	pplicable) ple) ABN number (if applicable)	Contact details WORK () HOME () MOBILE FACSIMILE (EMAIL	

Yes

POSTCODE

ACCC merger control regime					
Is this a notified acquisition, or an acquisition required to be no 2010 (CCA)? For more information please see the ACCC's info	otified, for the purposes of the <i>Competition and Consumer Act</i> formation on merger reforms.				
☐ Yes ☐ No					
meaning of the CCA) of the notification of the acquisition	Business Number (if any) of each notifying party (within the entify the notified acquisition on the acquisitions register kept under CCA) of the notification				
If this is a notified acquisition that has been finally considered within the meaning of the CCA, what was the outcome of the ACCC's decision?					
	OUTCOME:				
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	Industry—tick which describes your primary function:				
Government clients:	☐ Agriculture				
Commonwealth department	Communication services				
Other Commonwealth agency	Construction				
State government	Education				
Local government	☐ Electricity/gas/water supply				
Private sector clients:	Government				
Company	Health Services				
Community/volunteer group	Mining				
Person aged 18 years and over	Manufacturing				
Person aged under 18 years	Recreational and amateur activities				
	☐ Safety services				
	☐ Transport and storage				
	Wholesale/retail trade				
	Other:				

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 SIGNATURE NAME (PRINTED) DATE POSITION IN ORGANISATION (IF APPLICABLE) Details of payment The transfer fee 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).

Proposed licensee's (transferee's) declaration