

# 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 details may be returned for clarification.

### Note:

- > 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.

## OFFICE USE ONLY

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

### Where to send this form:

- > The transfer fee of **\$51 must** be received with or prior to the lodgement of this application. **Applications without a fee cannot be processed.** EFT is the preferred method of payment—see page 3 for how to make payment.
- > Completed form(s) signed by authorised representative(s) **and** proof of payment 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
- > 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.

## Current licensee's (seller) details

Client number

Name (or contact name if an organisation)

Organisation name (if applicable)

ACN number (if applicable)      ABN number (if applicable)  
     

Trading name (if applicable)

Postal address

Residential or business address

Contact details

Are you currently exempt from payment of licence fees?

- Yes       No

Do you currently qualify for a licence fee concession?

- Yes       No

**Details of licence(s) to be transferred**

Licence number	Callsign*	Licence type*	Expiry date*

**Current licensee's declaration**

I agree to the transfer of the licence(s) listed above and declare that the information provided in this application, and in accompanying documents, is true and correct in every detail.

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)

  


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

<input type="text"/>	<input type="text"/>
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Trading name\* (if applicable)

Postal address\*

<input type="text"/>
<input type="text"/>
<input type="text"/>
POSTCODE

Name of person representing the organisation

SURNAME
GIVEN NAMES
POSITION IN ORGANISATION

Residential or business address

<input type="text"/>
<input type="text"/>
<input type="text"/>
POSTCODE

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)

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

**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 licences 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.

Name of current licensee

SIGNATURE
PRINT NAME
DATE

**Details of payment**

The transfer fee of **\$51** must be received with or prior to the lodgement of this application.

Please indicate who is paying this fee:

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

**EFT details:**

Account name: ACMA Official Administered Receipt Account  
BSB: 012-951  
Account number: 837924272  
Reference number: Existing licensees: Use your client number.  
New licensees: Please use your name or company name.