

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.

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 the back of this form for how to make payment.
- > Completed form(s) signed by authorised representative(s) 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
- > If you have enquiries, email the ACMA Customer Service Centre on 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 (if known)

Name (or contact name if 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

Residential or business address

<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

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"/>
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)

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: Current licensees: Use client number if available.

Proposed (new) licensees: Please contact the Customer Service Centre prior to payment.