

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 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 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

20049437

Name (or contact name if an organisation)

SURNAME Lazarus Hall

GIVEN NAMES Matthew

Organisation name (if applicable)

Square Circles Creative Solutions Pty Ltd

ACN number (if applicable)

ABN number (if applicable)

40106224506

Postal address

2 Passy Ave.

Hunters Hill NSW

POSTCODE 2110

49 Montacute Rd

Campbelltown SA

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

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:***XCompany**

- ☐ 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

SIGNATURE

PRINT NAME

DATE 17/02/2022

POSITION IN ORGANISATION (IF APPLICABLE)

MANAGING DIRECTOR

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)
Xproposed licensee (buyer).

Details of licence(s) to be transferred

Licence number	Callsign*	Licence type*	Expiry date*
11438682/1		LPON	21/12/2022
11438693/1		LPON	21/12/2022
11438683/1		LPON	21/12/2022
11438679/1		LPON	21/12/2022
11438678/1		LPON	21/12/2022

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?
xYes 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)

Trading name* (if applicable)

Postal address*

POSTCODE

Name of person representing the organisation

SURNAME

GIVEN NAMES

POSITION IN ORGANISATION

Residential or business address

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)