**Application for transfer of apparatus licence(s)**

(In accordance with section 131AA of the *Radiocommunications Act 1992*)

|  |
| --- |
| **OFFICE USE ONLY** |
| Date: |  / /  |
| Licensee client #: |  |
| Proposed licensee client #: |  |
| Transaction #: |  |
| Circle type: | Licensee Proposed licensee |

**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 $94 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.

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

Client number

|  |
| --- |
|  |

Name (or contact name if an organisation)

|  |
| --- |
| SURNAME  |
| GIVEN NAMES  |

Organisation name (if applicable)

|  |
| --- |
|  |
|  |

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

|  |  |
| --- | --- |
|  |  |

Postal address

|  |
| --- |
|  |
|  |
|  POSTCODE  |

Residential or business address

|  |
| --- |
|  |
|  |
|  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 (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)

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |
|  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 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  |
|  |  | POSITION IN ORGANISATION (IF APPLICABLE) |

**Details of payment**

The transfer fee of **$94** 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).