Application for transfer of apparatus licence(s)



Licensee

Proposed licensee

OFFICE USE ONLY

Date:

Licensee client #:

Proposed

licensee client

Transaction #:

Circle type:

(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.
- r licence fee concession or exemption.

>	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 fo

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

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)	POSTCODE
SURNAME	Contact details
GIVEN NAMES	WORK ()
Organisation name (if applicable)	HOME ()
	MOBILE
	FACSIMILE ()
ACN number (if applicable) ABN number (if applicable)	EMAIL
	Are you currently exempt from payment of licence fees?
Postal address	Are you currently exempt from payment of licence lees!
	Yes No
	Do you currently qualify for a licence fee concession?
POSTCODE	☐ Yes ☐ No

Residential or business address

Licence number Callsign*	Licence type*	Expiry date*
current licensee's declaration		
(a) declare that the information provided in this application, and in accompanying documents, is true correct in every detail; and	and SIGNATURE	
b) declare that I have the authority to agree to the tra	nsfer PRINT NAME	
f the licence(s) as proposed in this application; and	DATE	
c) agree to the transfer of the licence(s) listed above		AUCATION (IE ADDUICADUE)
	POSITION IN ORGA	NISATION (IF APPLICABLE)
Proposed licensee (buyer) details		
Do you hold a radiocommunications licence?	Name of person rer	presenting the organisation
Yes No	SURNAME	oresenting the organisation
f yes, insert client number	GIVEN NAMES	
	POSITION IN ORG	SANISATION
lame* (complete only if transferee is not an organisa	· · · · · · · · · · · · · · · · · · ·	
SURNAME		
GIVEN NAMES		
Organisation name* (if applicable)		POSTCODE
	Contact details	
	WORK ()	
ACN number* (if applicable) ABN number (if applic	HOME ()	
	MOBILE	
rading name* (if applicable)	FACSIMILE ()
	EMAIL	
Postal address*	Are you currently ex	xempt from payment of licence fees?
	Yes	No
20070005	Do you currently qu	alify for a licence fee concession?
POSTCODE	Yes	No
Qualifications (for maritime ship and amateur lice	nces only)	
		Certificate number (optional)

New client information—please complete if you are a new client						
Client type Government clients: Commonwealth department	Industry—tick which describes your primary function: Agriculture Communication services					
 □ 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 	Construction Education Electricity/gas/water supply Government Health Services Mining Manufacturing Recreational and amateur activities Safety services Transport and storage Wholesale/retail trade					
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).						