Application for accreditation

Section 263 of the *Radiocommunications Act 1992*

**Instructions for completion**

**Please read the attached notes before completing this form.**

**Print clearly. Illegible, unclear or incomplete applications may delay processing.**

**Applicants must complete all sections of this form.**

**Successful applicants for a General Licensing Accreditation will be given accreditation to issue both frequency assignment and interference impact certificates.**

**Successful applicants for a Specific Licensing Accreditation will be given accreditation to issue frequency assignment certificates for a single, specified licence type.**

***Application fee:***

***General Licensing Accreditation $546.00***

***Specific Licensing Accreditation $286.00***

Applicants will be sent a tax invoice for the application fee upon receipt of their completed application by the ACMA.

***Send the completed form to:***

Manager

Licence Issue and Allocation Section

Australian Communications and Media Authority

PO Box 78

Belconnen ACT 2616

***General enquiries:***

Telephone: 1300 850 115

Facsimile: (02) 6219 5347

Email: [info@acma.gov.au](mailto:info@acma.gov.au)

**The information that must be provided on or with this form is being sought for the purpose of considering applications for accreditation under section 263 of the *Radiocommunications Act 1992,* and to enable the ACMA to perform a number of its spectrum management functions under section 9 of the *Australian Communications and Media Authority Act 2005*, in particular those under paragraphs 9(a), (b), (h) and (j). The ACMA may make the information provided in this application available to other Government agencies and departments in accordance with Part 7A of the *Australian Communications and Media Authority Act 2005*.**

**Any application provided to the ACMA may be released under the *Freedom of Information Act 1982*. The ACMA may also be required to release applications for other reasons, including for the purpose of parliamentary processes or where otherwise required by law.**

**Applicant’s details**

Name

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

Date of birth

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Position

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Organisation

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| --- |
|  |

Residential or business address

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

Postal address (if different from residential or business address)

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|  |
|  |
| POSTCODE |

Contact details

|  |
| --- |
| WORK ( ) |
| HOME ( ) |
| MOBILE |
| FACSIMILE ( ) |

Email

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Kind of accreditation applied for (please tick)

General Licensing Accreditation

Specific Licensing Accreditation

If the application is for a Specific Licensing Accreditation, please specify the licence type below

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( ) Please add my contact details to the List of Accredited Persons on the ACMA’s website.

Note: The list of Accredited Persons on the ACMA website is a public listing and allows people interested in using accreditation services to view your details.

**Relevant educational qualifications in electronic engineering**

Please attach a copy of relevant educational qualifications, along with a list of subjects studied.

Qualification Educational institution

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Significant component(s) relating to electronic engineering or radiocommunications

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**Relevant work history**

Please attach another page if more space is needed.

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**Representations by a person, body or organisation**

Please include representations by 2 persons, bodies or organisations about the applicant’s suitability for accreditation. Attach another page if more space is needed.

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**Contact details for persons, bodies or organisations**

1. Name

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

|  |
| --- |
| ORGANISATION |
| TELEPHONE ( ) |
| EMAIL |

Address

|  |
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| POSTCODE |

2. Name

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

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| --- |
| ORGANISATION |
| TELEPHONE ( ) |
| EMAIL |

Address

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**Declaration**

I understand that a person who knowingly or recklessly makes a false statement in, or in connection with, an application is guilty of an offence under section 136.1 of the *Criminal Code Act 1995*, and I believe that the statements made in this application are true in every particular.

Applicant Witness

|  |  |  |
| --- | --- | --- |
| SIGNATURE |  | SIGNATURE |
| PRINT NAME |  | PRINT NAME |
| DATE |  | DATE |

Note: Part 7.4 of the *Criminal Code Act 1995* applies to all offences in relation to false or misleading statements.

**OFFICE USE ONLY**

Total payment

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Tax invoice number

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Client number

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Accreditation number

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Date payment received

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