Application for apparatus licence(s)

(In accordance with section 99 of the *Radiocommunications Act 1992*)

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| --- | --- | --- | --- | --- |
|  **Instructions for completion** |  | **This form is used:** |  | **OFFICE USE ONLY** |
| * Print clearly. Illegible, unclear or incomplete application forms may delay processing.
* Applicant’s details: provide the existing or proposed licensee’s details, not those of an agent.
* A separate application form is required for each type of licence sought.
* However, more than one licence of the same type may be applied for on a single application form.
* If applying for a non-assigned licence (for example Maritime Ship, Amateur or Outpost) using standard frequencies, please complete this form and return it with the appropriate fee to the **Radiocommunications Licensing and Telecommunications Deployment Section, Operations Branch, PO Box 78, Belconnen ACT 2616 or via facsimile on (02) 6219 5347 or email to:** [**lais@acma.gov.au**](lais%40acma.gov.au).
* If you are applying for any other type of licence, you need to complete this form and:

- complete an Additional Station Information form (R077); or- use an accredited person to perform the frequency coordination.* **Note that the ACMA does not issue a licence unless all relevant fees are paid**.
* Some organisations providing safety of life service may qualify for alicence fee concession or exemption. For further information, contactthe Radiocommunications Licensing and Telecommunications Deployment Sectionat 1300 850 115.

***Disclosure of personal details***Information provided by the applicant or authorised representative in a field of this form 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 the Register of Radiocommunications Licences. The ACMA will disclose the contents of the Register by making it available for inspection at any ACMA office, on its website and through the sale of a data CD. |  | ( ) to apply for a NEW service |  | Date |
|  | ( ) to vary an existing service |  |  | | |
|  | **If an accredited person has performed the frequency coordination, is the Frequency Assignment Certificate (FAC):**(INDICATE WITH A TICK IN THE RELEVANT BOX) |  | Client number |
|  |
| Correspondence number |
|  | ( ) attached to this application |  |  |
|  | OR |  | Transaction number |
|  | ( ) submitted online |  |  |
|  | ▼Submission ID| | | | | | | | |  | Licence number |
|  |
|  | Job name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
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**Applicant’s details (A LICENCE MUST BE HELD BY EITHER AN INDIVIDUAL OR BODY CORPORATE)**

Client number \*

|  |
| --- |
|  |

Name (or contact name if an organisation) \*

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

Organisation name\*

|  |
| --- |
|  |
|  |

ACN \* ABN \*

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

Trading name \*

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| --- |
|  |

Email address

|  |
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|  |

Postal address \*

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|  |
|  |
|  POSTCODE |

Residential or business address

IN THE EVENT THAT NO POSTAL ADDRESS IS PROVIDED, THE RESIDENTIAL OR BUSINESS ADDRESS WILL BE TAKEN AS THE POSTAL ADDRESS AND THE ABOVE MENTIONED DISCLOSURE PROVISIONS WILL APPLY.

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

Contact details

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

|  |  |  |
| --- | --- | --- |
| **Client type**TICK RELEVANT BOX |  | **Industry category**TICK BOX DESCRIBING YOUR PRIMARY FUNCTION |
| ( ) Commonwealth department | ( ) Agriculture | ( ) Mining |
| ( ) Other Commonwealth agency | ( ) Communication services | ( ) Manufacturing |
| ( ) State government | ( ) Construction | ( ) Recreational and amateur activities |
| ( ) Local government | ( ) Education | ( ) Safety services |
| *Private sector* | ( ) Electricity/gas/water supply | ( ) Transport and storage |
| ( ) Company | ( ) Finance and insurance general | ( ) Wholesale/retail trade |
| ( ) Community/volunteer group | ( ) Government | ( ) Other |
| ( ) Person aged 18 years and over | ( ) Health Services | ▼ |
| ( ) Person aged under 18 years |   |  |

**Required licence period**

Licences issued for periods up to, and including, one year must be

paid for in full at the time of application. Licences issued for longer

periods may be paid for in full at the time of application, or by annual instalments. For spectrum planning reasons, the ACMA may issue or renew a licence for a period less than that requested (see section 103 of the *Radiocommunications Act 1992*).

**Licences are usually issued for 1 year. If licences are required for periods other than 1 year, please specify the period:** (up to 5 years – except datacasting, up to 10 years)

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**If you would like licence(s) to have a particular expiry date, please specify here:**

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**Type of licence**

More information about licence types and fees can be found in the publication Apparatus Licence Fee Schedule, available from the Allocations Administration Section or on the website [**www.acma.gov.au**](http://www.acma.gov.au)**.** Please complete this section by indicating the licence type and licensing option being applied for, as well as the number of licences required. If you are unsure of the licence type or licensing option please describe your service in the box provided.

|  |  |  |
| --- | --- | --- |
| **Licence type:\*** | ( ) Earth receive | ( ) MDS |
| ( ) Aeronautical | ( ) Fixed | ( ) Outpost |
| ( ) Aircraft | ( ) Fixed receive | ( ) PTS |
| ( ) Amateur | ( x ) Land mobile | ( ) Radiodetermination |
| ( ) Broadcasting | ( ) Major coast receive  | ( ) Scientific |
| ( ) Datacasting | ( ) Maritime coast | ( ) Space |
| ( ) Earth | ( ) Maritime ship | ( ) Space receive |

Number of licences

|  |
| --- |
| 1 |

Indicate licensing option (if applicable)

|  |
| --- |
| INTERIOR PAGING |

Description of service

|  |
| --- |
| Interior Paging – Bistro call systems |
|  |
|  |
|  |

**Station details**

*(FOR MARITIME SHIP, AMATEUR OR AIRCRAFT STATIONS ONLY)*

***Maritime ship station only***

**Ship name\*** (or if no name, provide registration number) NOTE: A maritime ship apparatus licence is only required for vessels carrying MF/HF marine radio equipment and/or vessels subject to the *Navigation Act 1912*.

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Is the ship subject to annual survey by the Australian Maritime Safety Authority and compulsory carriage of radiocommunications equipment under the Commonwealth *Navigation Act 1912*?

( ) Yes ( ) No

***Amateur station only***

**Applicant qualifications**

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| --- |
| CERTIFICATE TYPE |
| CERTIFICATE NUMBER |

***Aircraft station only***

**Aircraft registration markings** (NOTE: An aircraft apparatus licence is only required for aircraft stations using individually assigned (ie. Non-standard) aeronautical frequencies)

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**Payment of fees**

( ) I enclose the fee by cheque/money order.

( ) I have not enclosed the payment.

▼

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| REASON |
|  |
|  |

FOR EXAMPLE: AMOUNT OF FEE CANNOT BE DETERMINED UNTIL ADVISED BY THE ACMA – SEE NOTES ON THIS FORM REGARDING PAYMENT OF FEES FOR FURTHER INFORMATION.

***Important notes on payment of fees:***

* Where the correct payment does not accompany an application, the ACMA will notify the applicant of fees payable. The relevant fees are **to be paid within 45 days** from the date on the notification to the applicant. Should fees not be paid by the due date, the ACMA will consider refusing the application and the frequency may become available for assignment to other services. Applicants will be advised of review and appeal rights which apply to any decision to refuse an application. Cheques or money orders should be made payable to the **Australian Communications and Media** **Authority.**
* Consideration of an application attracts an administrative charge, even if the ACMA refuses to issue the licence.
* To avoid delays in processing, completed forms should be forwarded with the appropriate fee to:

Radiocommunications Licensing and Telecommunications Deployment Section

Operations Branch

PO Box 78

Belconnen ACT 2616

Telephone: 1300 850 115

Facsimile: (02) 6219 5347

Email: [lais@acma.gov.au](lais%40acma.gov.au)

**Declaration (A LICENCE MUST BE HELD BY EITHER AN INDIVIDUAL OR A BODY CORPORATE)**

I declare that the information provided in this application, and in any accompanying documents, by me as the applicant, or as a person authorised \*\*by the applicant, is true and correct in every detail and that the equipment to be employed is of a type accepted by the ACMA for licensing purposes.

|  |
| --- |
| SIGNATURE |
| PRINT NAME |
| DATE |
| NAME OF AUTHORISED AGENT’S ORGANISATION (IF A BODY CORPORATE) |

\*\*If you **are not registered with the ACMA** as an accredited person, attach copy of written agency agreement confirming that you are authorised to act on the applicant’s behalf in this particular matter; otherwise, sign the acknowledgment below.

**I certify that I am authorised to act as an agent in relation to this application.**

|  |
| --- |
| SIGNATURE |
| PRINT NAME |
| DATE |
| NAME OF AUTHORISED AGENT’S ORGANISATION (IF A BODY CORPORATE) |