

Application for transfer of apparatus licence(s)

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



Australian
Communications
Authority

Instructions for completion

Print clearly. Illegible, unclear or incomplete application forms may delay processing.

Where to send this form

- Completed forms should be forwarded with the appropriate fee to any Australian Communications Authority (ACA) office.
- Cheques or money orders should be made payable to the ACA.

Note

- Information provided by the applicant 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 ACA in a Register of Radiocommunications Licences. The ACA will disclose the contents of the Register by making it available for inspection at any ACA office, over the Internet and through the sale of a CD-ROM.

- 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.

OFFICE USE ONLY

Date

Correspondence number

Transaction number

Current licensee's details

Client number (IF KNOWN)

Name

SURNAME
GIVEN NAMES

Organisation name (IF APPLICABLE)

ACN number (IF APPLICABLE)

Trading name (IF APPLICABLE)

Postal address

POSTCODE

Residential or business address

POSTCODE

Telephone

WORK	()
HOME	()
MOBILE	()
FACSIMIL	()

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 agree to the transfer of the licence(s) listed above to

Signature

Date

PRINT NAME

POSITION IN ORGANISATION (IF APPLICABLE)

ORGANISATION

Proposed licensee (transferee) details

Do you currently hold any radiocommunications licences?

☐ 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)**Trading name*** (IF APPLICABLE)**Name of person representing organisation**

SURNAME
GIVEN NAMES

Position in organisation**Postal address***

POSTCODE

Residential or business address

POSTCODE

Telephone

WORK	()
HOME	()
MOBILE	()
FACSIMILE	()

Are you currently exempt from payment of licence fees?☐ YES ☐ NO**Do you currently qualify for a licence fee concession?**☐ YES ☐ NO

If NO, submit 'Application for licence fee exemption or concession' form (RF 38) for consideration.

Qualifications (for maritime ship and amateur licences only)**Proposed licensee's qualifications****Certificate number** (OPTIONAL)

TO BE COMPLETED BY NEW CLIENTS ONLY

Client type

TICK RELEVANT BOX

- ☐ Commonwealth department
- ☐ Other Commonwealth agency
- ☐ State government
- ☐ Local government

Private Sector

- ☐ Company
- ☐ Person
- ☐ Community/volunteer group

TO BE COMPLETED BY NEW CLIENTS ONLY

Industry category

TICK BOX DESCRIBING YOUR PRIMARY FUNCTION

- ☐ Agriculture, forestry and fishing
- ☐ Mining
- ☐ Manufacturing
- ☐ Electricity/gas/water supply
- ☐ Construction
- ☐ Wholesale/retail trade
- ☐ Transport and storage
- ☐ Communications services
- ☐ Finance and insurance general
- ☐ Government
- ☐ Education
- ☐ Health services
- ☐ Safety services
- ☐ Recreational and amateur activities
- ☐ Other

Proposed licensee's (transferee) declaration

I agree to the transfer of the listed licences from the current licensee,

Signature**Date**

NAME OF CURRENT LICENSEE

PRINT NAME

ORGANISATION