

Application for Amateur Operator's Certificate of Proficiency (FOUNDATION)

Delegation/Release of Information to Third Party

The Australian Communications and Media Authority (ACMA) has, under subsection 122A (1) of the *Radiocommunications Act 1992* (Act), delegated the power to issue certificates of proficiency to the University of Tasmania (UTAS). The Australia Maritime College (AMC), an institute of UTAS, provides the service for issuing certificates. The *Privacy Act 1988* (Cth) (the Privacy Act) imposes obligations on the ACMA in relation to the collection, security, quality, access, use and disclosure of personal information. These obligations are detailed in the Australian Privacy Principles. As the delegate of the ACMA for the purpose of issuing amateur radio certificates of proficiency, these obligations also apply to AMC.

AMC may collect personal information if it is reasonably necessary for, or directly related to the conduct of examinations and callsign management functions carried out under a Deed Agreement between the AMC and the ACMA. The purpose of the collection of the personal information in this application form is to issue you with an amateur radio certificate of proficiency. With the exception of disclosing personal information collected to the ACMA, for the purposes of issuing certificates of proficiency, the AMC will not use the information for any other purpose, nor will we disclose it, unless we have your consent, or we are otherwise permitted to do so under the Privacy Act. If you do not provide the information, we will be unable to process your application for a certificate of proficiency (refer the back of this form for further information regarding incomplete applications). Further information on the Privacy Act and the ACMA Privacy policy is available at www.acma.gov.au/privacypolicy. The UTAS privacy policy is available at www.utas.edu.au/privacy. The Privacy policy contains details about how you may access personal information about you that is held by AMC or seek the correction of such information. AMC contact details are located at the top of this form. It also explains how you may complain about a breach of the Privacy Act and how we will deal with such a complaint. In accordance with the Privacy Act, if you require the result of your examination to be released to your assessor and/or training provider **you must give permission**. Please indicate with a mark your response.

I permit the release of my name and results to my assessor and/or training provider.

YES

NO

| Applicant Details | |
|---|---|
| Surname (please print): FROGGICARIUS | |
| Given Names: FREDERICO McROBERTSON | |
| Mr: <input checked="" type="checkbox"/> Ms: <input type="checkbox"/> Other: <input type="checkbox"/> | |
| Date of Birth: 24th March 1930 | |
| Please supply at least <u>one</u> contact detail | Phone: (09) 8765 4321 Mobile: 0412 345 678 Email: freddo@frog.com.au |
| Residential Address | |
| 323 Canterbury Road Ringwood | |
| State: Victoria | Postcode: 3134 |
| Postal Address (if different to residential address) | |
| P.O. Box 1673 Melbourne | |
| State: Victoria | Postcode: 3001 |
| Declaration | |
| To the best of my knowledge, the information given by me on this application is true and correct in every detail. | |
| <i>Freddo Frog</i> | 11th May 2022 |
| Signature of Applicant | Date |

| Identification Verification | |
|--|-------------|
| The assessor is required to verify your identity. Provide <u>one</u> form of Photo identification to the Assessor: | |
| <input type="checkbox"/> Driver Licence OR <input type="checkbox"/> Passport OR <input type="checkbox"/> Other – provide details _____ | |
| Assessor initials <input type="text"/> | |
| Examination Details – Assessor to Complete | |
| Assessor: _____ | |
| Location: _____ | |
| Day: _____ | Date: _____ |
| Foundation Practical Assessment: C / NYC | |
| Signature of Assessor _____ | Date _____ |

This section AMC Office use only:

| | |
|-------------------------------|----------------------|
| Date Received: _____ | Date Accepted: _____ |
| Receipt: _____ | |
| Fail <input type="checkbox"/> | |

As you will be required to email forms to assessors The AMC cannot accept Card Payments. Contact the AMC or use the online payment portal. Note the receipt number

| Fees - Payable on Application. Refer www.amc.edu.au/industry/amateur-radio for current fee schedule. | |
|---|---------------|
| Foundation Application Fee | \$90 |
| Callsign Recommendation Fee (if applicable) | |
| Level: 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> | \$35 |
| TOTAL FEES BEING PAID | \$ 125 |

Fee Payment Options - Please choose one option:

| | |
|---|------------------|
| <input type="checkbox"/> By me – cheque/money order payable to: University of Tasmania ABN 30 764 374 782 | |
| <input checked="" type="checkbox"/> By me – online payment at www.amc.edu.au/industry/amateur-radio | |
| Receipt Number: WRO _____ | 123459789 |

Changes to Foundation and Standard Licence Call templates no longer require "special" callsign blocks to be used. Select a call between VK [state]AAA to VK[state]ZZZ that is free !



LEVEL 2 CALLSIGN RECOMMENDATION FORM

(2 Letter Callsigns from States/Territories other than Vic, NSW and Qld)
(3 and 4 Letter Callsigns from any State/Territory)

OFFICE USE ONLY

ALLOCATED

Applicant Details:

Title: Mr. Given Name: FREDERICO Middle Name: McROBERTSON
Surname: FROGGCARIUS Date of Birth: 24th March 1930

Postal Address:

(Provide either a street address or PO Box)

P.O. Box 1673

Suburb: Melbourne State: Victoria Postcode: 3001

Contact Details:

Phone: FREDERICO (Freddo) Mobile: 0412 345 678
Email: freddo@frog.com.au

Type of Licence the Callsign will be used with:

Foundation ☒ Standard ☐ Advanced ☐

Existing ACMA Client Number: _____

Current Callsign (if held): _____

OR Certificate Type and Number: _____

Date/Place of Examination: Remote—Conducted by Steve Ireland VK3VM / VK3SIR

1st Callsign Preference: VK 3 A A A

2nd Callsign Preference: VK 3 Z Z Z

Any other information attached? Yes ☐ No ☒

Signed: Freddo Frog Date: 11th May 2020

Please see privacy information on the following page

Fees – Payable on Application:

Refer to current fee schedule advertised on <http://www.amc.edu.au>

Include the Receipt Number that is also listed on the AMC "Application for Amateur Radio Certificate of Proficiency—Foundation" Form

- ☐ I have included payment details on my Examination Form
- OR
- ☐ Cheque/Money Order payable to: University of Tasmania
- ☐ Online payment at <http://www.amc.edu.au/industry/amateur-radio>
Receipt Number: R1234
- ☐ I would like to be contacted by the AMC Amateur Radio Office for payment.

| |
|------------------|
| Office use only: |
| Date Received: |
| Receipt: |
| ACMA Notified: |

Application form for amateur non-assigned apparatus licence(s)



This sample only covers NEW service and NEW ACMA Clients.

Instructions

1. You must be qualified before you apply. The Australian Communications and Media Authority (Tel 1300 852 701) manages the application process.
2. Applications for apparatus licences are subject to the Radiocommunications Act 1992.
3. Before filling out this form, please read these general instructions. If you are unsure how to complete any part of the application form, please refer to the guidance notes at the end of this form.
4. **Please print clearly.** Illegible, unclear or incomplete application forms may delay processing or forms may be returned for completion.
5. When filling out the applicant's details, provide the existing or proposed licensee's details, not those of an agent.
6. **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 to be disclosed to the public by the ACMA in the Register of Radiocommunications Licences. The register is on the ACMA website www.acma.gov.au (search 'Register of Radiocommunications Licences') and is also available for inspection at any ACMA office.

If you already hold a Marine, Aero, Outpost, Scientific etc. Licence please consult your Assessor

A Application type

Please specify application type (tick one): ☒ New service ☐ Variation to an existing service

B Licence details

Licence sub-type: ☒ Foundation ☐ Standard ☐ Advanced

C Applicant details

Customer number:*

Name (or contact name if an organisation):*

GIVEN NAMES FREDERICO McROBERTSON

FAMILY NAME FROGGICARIUS

Organisation name:*

Trading name:*

ACN:*

Industry type (description of industry type; e.g., construction, mining, manufacturing):

AMATEUR

Entity type (description of entity type; e.g., Australian public company, individual/sole trader, local government):

PERSON

Contact details:

BUSINESS (09) 8765 4321

MOBILE 0412 345 678

OTHER PHONE (09) 8765 4321

FACSIMILE ()

EMAIL freddo@frog.com.au

Postal address*

P.O. Box 1673

Melbourne

Victoria

POSTCODE 3001

Residential or business address:

NOTE: If no postal address is provided, the residential or business address will be taken as the postal address and the abovementioned disclosure provisions will apply.

323 Canterbury Road

Ringwood

Victoria

POSTCODE 3134

This "Postal address" is shown on the ACMA RADCCOM register. Leave BLANK if listing your home address is ok. A P.O. Box is recommended if you want to obscure your actual address.

D Required licence period

Up to 5 years can be requested.

Licences are usually issued for one year but can be requested for periods other than one year. If you require a licence for a period other than one year, specify the period (e.g., up to 5 years):

Start/End Dates can also be requested

Indicate the licence(s) to have particular start and end dates and specify them here:

1 Year

Start

Expiry

E Station details**Applicant qualifications:**

CERTIFICATE TYPE:

LEAVE BLANK

CERTIFICATE NUMBER:

Second station location details (if required):

NUMBER

STREET

SUBURB/TOWN

POSTCODE

First station location details:

NUMBER 323 Canterbury Road

STREET Ringwood

SUBURB/TOWN Victoria

3134

If necessary, provide any additional station locations on a separate sheet.

You can List more operational addresses (i.e. Holiday Homes, Workplace etc.)

F Payment of fees

Once this form is processed, you will be issued with an invoice for payment. The licence will be issued once we receive payment. Licences can be paid for in full or by annual instalments. Further details about payment options can be found in the ACMA's Apparatus Licence Fee Schedule available on the ACMA website at acma.gov.au.

Important notes on payment of fees:

- 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.

☒ (X) I wish to pay for the licence in full.☐ () I wish to pay by annual instalments.

At \$55/year its crazy to use instalments.

G 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.

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

Freddo Frog

PRINT NAME

FREDERICO FROGGICARIUS

DATE

11th May 2022

NAME OF AUTHORISED AGENT'S ORGANISATION (IF A BODY CORPORATE)

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 the written agency

H Where to send this form

- Email your completed application form to the AMC and request your call sign. The AMC email address is amc.ar@utas.edu.au.
- The AMC will submit your completed application to the ACMA on your behalf. However, if you wish to send the application yourself, please send or email it to the ACMA's Customer Service Centre:

ACMA Customer Service Centre
PO Box 78
Belconnen ACT 2616
Telephone: 1300 850 115
Facsimile: (02) 6219 5347
Email: info@acma.gov.au