Australian Maritime College Locked Bag 1394, Launceston Tas 7250 Phone 1300 852 701 Email amc an@utas.edu.au Web www.amc.edu.au/industry/amateur-radio

Applicant Details

Given Names:

Date of Birth:

Please supply at least one contact

detail

Residential Address

Please choose one option:

222 Canterbury Poac

Mr: X Ms:

Surname (please print):







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

ried

with

es of

lo so

form

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 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 ex out under a Deed Agreement between the AMC and the ACMA. The purpose of the collection of the personal an amateur radio certificate of proficiency. With the exception of disclosing personal information collected t proficiency, the AMC will not use the information for any other purpose, nor will we disclose it, unless we hav under the Privacy Act. If you do not provide the information, we will be unable to process your application for for further information regarding incomplete applications). Further information on the Privacy A www.acma.gov.au/privacypolicy . The UTAS privacy policy is available at http://www.utas.edu.au/privacy . Th access personal information about you that is held by AMC or seek the correction of such information. AMC contact de explains how you may complain about a breach of the Privacy Act and how we will deal with such a complaint. In acco result of your examination to be released to your assessor and/or training provider you must give permission. Please ind

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

FREDERICO McROBERTSON

FROGGICARIUS

24th March 1930

freddo@frog.com.au

Phone: (09) 8765 4321

Mobile: 0412 345 678

If it is OK for The AMC to notify your result to your assessor as well circle/tick YES ... Otherwise select NO

> rated at the top of this form. It also ith the Privacy Act, if you require the with a mark your response.

Photo - name on back and certified by Assessor

 Please supply one current, colour passport size photograph of yourself (no hats, sunglasses or other obstructions).

 Endorsement: Print your name clearly on the back of the photograph and have it signed by the Examination

Place photo in plastic bag, do not attach in any form it affects the quality of the photo

Examination Details - Assessor to Complete

Asses Email a couple of GOOD PASSPORT Locat QUALITY PHOTOGRAPHS to your Day: Assessor. These photographs should Foun he against a PLAIN LIGHT WA

NYC

Signature of Assessor	Date

This section AN	AC Office	use only:		
Date Received:		Date Accept	ed:	
Receipt:				
T	OF.		-	Fail
As you will be red	quired to e	mail forms to	asses-	
sors The AMC c	annot acce	ept Card Paym	nents.	
Contact the AM	1C or use t	he online pay	ment	
portal. No	ote the rec	eipt number		
Documents forwar	ded to ACA	u:		
	c ence Appl i ew Service /	cation Form (A Variation	CMA Ama	teurl):
Callsign Reco	mmendatio	n Form		
_				

ABN 30 764 374 782

☐ By me – Visa or MasterCard, details belo(v. 🗵 f)y me – online payment at www.amc.edu.au/industry/amateur-radio Receipt Number:

323 Califerbury Road		
Ringwood		
State: Victoria	Postcode: 3134	
Postal Address (if different	to residential addre	ss)
P.O. Box 1673		
Melbourne		
State: Victoria	Postcode: 3001	
Declaration		
To the best of my knowledge, to	he information given by	me
on this application is true and c	orrect in every detail.	
Freddo Frog	11th May 202	20
Signature of Applicant	Date	
Fees - Payable on Application. R		
http://www.amc.edu.au/industry/am		
Foundation Application Fee		\$90
Callsign Recommendation F	ee (if applicable)	
Level: 1 2 X 3 D		\$35
TOTAL CECC DEING DAID		¢12E

By me - cheque/money order payable to://mivecsity of Tasmania

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 & CALLSION 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: FROGG CARIUS	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 wit	th:	
Foundation 🛛 Standard 🗆	Advanced	
_		ses (i.e. Marine, Aero, Outpost) so
Current Calleign (if held):	lk. If you are already an AC //S register . Please consult	CMA client then use data from the tyour assessor for details.
OR Certificate Type and Number:		
Date/Place of Examination: Remote—Conducted by	Steve Ireland VK3VM / VK	3SIR
1st Callsign Preference: VK 3 A A A	L	ist "remote" and the name and
2 nd Callsign Preference: VK ^{3 Z Z Z}		callsign of your assessor
Any other information attached? Yes □	No 🛚	
Signed: Freddo Frog		Date: 11th May 2020
Please see privacy information	on on the following pa	
Fees – Payable on Application:		
Refer to current fee schedule advertised on http://		Number that is also listed ication for Amateur Radio
		ciency—Foundation" Form
☐ I have included payment details on my Examinati		ffice use
<u>OR</u>		only:
Cheque/Money Order payable to: University of T		Date Received:
Online payment at http://www.amo.edu.au/ind Receipt Number: R1234	ustry/amateur-radio	Receipt:
Receipt Number: R1234 I would like to be contacted by the AMC Amateur	r Radio Office for	ACMA Notified:
payment.		

Application form for amateur nonassigned apparatus licence(s)





General Instructions

This sample only covers NEW service and NEW ACMA Clients.

You must be qualified before you apply. The the amateur qualifications and call sign allo Applications for apparatus licences are may

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

Before filling out this form, please read these

please refer to the Guidance Notes attached to this application form.

Please print clearly. Illegible, unclear or incomplete application forms may delay processing or forms may be returned for completion.

Applicant's details: provide the existing or proposed licensee's details, not those of an agent.

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 ACMA will disclose the contents of the Register by making it available for inspection at any ACMA.

A Applicatio	n Type			
Please specify applica	tion type (mox own) (X) New service	(Variation to an existing service	e
B Licence D	etails			
Licence Sub-Type:	(X) Foundation () St	andard	() Advanced	
C Applicant	Details		Enith: Tune (Decedation of on	the horse of a Australian Debile
Customer number *			Company, Individual/Sole Tra	tty type; e.g. Australian Public der, Local Government
		(PERSON	
Name (or contact nam	e if an organisation) *		Contact details	
GIVEN NAMES FREDERIC	CO McROBERTSON		BUSINESS (09) 8765 4321	
FAMILY NAME FROGG	ICARIUS		MODILE 0412 345 678	
Organisation name*			OTHER PHONE (09) 8765 43	21
			FACSIMILE ()	
			freddo@frog.com	au
Trading name *			Postal address *	
			P.O. Box 1673	
ACN *	ABN*	7	Melbourne	
			Victoria	POSTCOODE 3001
Industry Type (Descrip	tion of main business activity: e.g.		Residential or business addre	66
Construction, Mining, I				AKEN AS THE POSTAL ADDRESS AND
(AMATEUR)	This address is shown on the ACI			OSURE PROVISIONS WILL APPLY.
	RADCCOM register. Leave BLANI		323 Canterbury Road	
	listing your home address is ok. A		Ringwood	
	Box is recommended if you want	to	Victoria	РОБТОООБЕ 3134
(obscure your actual address.			
D Required I	Licence Period			
Licences are usually	Issued for 1 year. If licences are other than 1 year, please specify the		If you would like licence(s) dates, please specify them	to have particular start and expiry here:
1 Year			Start	Exply

Up to 5 years can be requested.

Start/End Dates can also be requested

Station details Applicant qualifications 2nd Station location details (if required) CERTIFICATE TYPE: LEAVE BLANK CERTIFICATE NUMBER: STREET SUBURB/TOWN POSTCODE 1st Station location details 323 Canterbury Road NUMBER You can List more operational addresses (i.e. STREET Ringwood Holiday Homes, Workplace etc.) вивикалтоми Victoria POSTCODE 3134

Payment of fees

(X) I

Once processed, an invoice will be issued. The licence will be issued on receipt of 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 now au

on the ACMA website at acma.gov.au.

I wish to pay for the licence in full.

I wish to pay by annual instalments.

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

G Declaration (A LICENCE MUST BE HELD BY EITHER AN INDIMIDUAL 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	Greddo Grog	
PRINT NAME	FREDERICO FROGGICARIUS	
DATE	11th May 2020	
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 AGENTS ORGANISATION (IF A BODY CORPORATE)

Where to send this form

Please send your completed application form to the ACMA's Customer Service Centre:

Customer Service Centre PO Box 78 Belconnen ACT 2616

Telephone: 1300 850 115 Facsimile: (02) 6219 5347 Email: info@acma.gov.au

Page 3 Not Included as it is only informational