

Communications Authority

Complaint Form on Television or Radio Broadcast

Ref. No. : LM_____

(For Official Use)

I Notes for Complainant

1. To allow us to investigate your complaint, please provide us with sufficient information such as the name of the programme, advertisement or other broadcasting material, the broadcast station and channel, the actual broadcast date and time, and a brief description of the complaint. In view of the large amount of broadcast materials made available to the public, complaints without sufficient and concrete details for identification of the broadcast material concerned cannot be further processed. Please also leave your correspondence address, email address or fax number with us if you would like to be informed of the investigation results in writing.
2. Please fax the completed complaint form to the Office of the Communications Authority. (Fax No.: 2507 2219)
3. The information you provided in Part II and Part III will be used for the purposes which are directly related to this complaint. Complaints without sufficient details for follow-up action will not be processed.
4. Complainants have the right to request access to and correction of their personal data submitted for this complaint in accordance with the Personal Data (Privacy) Ordinance. Enquiries concerning the personal data access and correction should be submitted in writing to the Departmental Secretary of the Office of the Communications Authority, 20/F., Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong.

II Particulars of Complainant

Name : Title: ☐ Mr/ ☐ Ms
(Please put a tick in the appropriate box)

Telephone No. (Day Time) :

Address: (to be completed if a written reply is required)

E-mail Address/Fax No.: (to be completed if a written reply is required)

III Details of Complaint

Type of complaint:

- ☐ Programme ☐ Advertisement ☐ Programme Promo
☐ Government Announcement in the Public Interest
☐ Reception Problems ☐ Others
(Please put a tick in the appropriate box)

Title :

Actual Broadcast Date⁺ : __

Actual Broadcast Time[#] : __

Broadcast Channel (Please fill in the appropriate blank with the channel name)

Television

Domestic Free Television Programme Service

Fantastic TV: _____

HKTVE: _____

TVB: _____

Domestic Pay Television Programme Services

Cable TV: _____

now TV: _____

Non-domestic Television Programme Services

Station: _____

Channel: _____

Radio Television Hong Kong

Channel: _____

Radio

Commercial Radio: _

Metro Broadcast: _

RTHK: _

Others:

Details of Complaint:

Request for Organizing First Aid Talk
(Non-Government Department)

Applicant :

Organization / Department : _____

Address : _____

Contact Person : Mr./Miss/Mrs. _____

Telephone No. : _____ Mobile Phone No. : _____

E-mail Address : _____ Fax No. : _____

Details of the Talk :

Date : _____ Time : _____

Venue : _____

No. of participants : _____ Age Group : _____

The subject of the talk included: _____
(if any)

Please complete and return this form to the following address :

AUXILIARY MEDICAL SERVICE

81 Princess Margaret Road, Homantin, Kowloon.

Tel. No.: 2762 2011 Fax No.: 2715 0245

E-mail address : info@ams.gov.hk

Application for Health Talk
“Post Disaster Emotional Handling”

Applicant

Organization: _____

Address: _____

Contact Person: Mr./Miss/Mrs. _____

Telephone No.: _____ Mobile No.: _____

Fax. No.: _____ E-mail Address: _____

Details of the Talk

Date : _____ Time : _____

Venue : _____

No. of participants : _____ Age Group : _____

Please complete and return this form to us by mail, fax or e-mail :

Address : 81 Princess Margaret Road, Homantin, Kowloon.

Telephone No. : 2762 2011

Fax. No. : 2715 0245

Email Address : info@ams.gov.hk

Application for Talk
“Community Cardiopulmonary Resuscitation”

Applicant

Organization: _____

Address: _____

Contact Person: Mr./Miss/Mrs. _____

Telephone No.: _____ Mobile No.: _____

Fax. No.: _____ E-mail Address: _____

Details of the Talk

Date : _____ Time : _____

Venue : _____

No. of participants : _____ Age Group : _____

Please complete and return this form to us by mail, fax or e-mail :

Address : 81 Princess Margaret Road, Homantin, Kowloon.

Telephone No. : 2762 2011 Fax. No. : 2715 0245

Email Address : info@ams.gov.hk

Application for Health Talk
“How Do You Prevent Drug Abuse ?”

Applicant

Organization: _____

Address: _____

Contact Person: Mr./Miss/Mrs. _____

Telephone No.: _____ Mobile No.: _____

Fax. No.: _____ E-mail Address: _____

Details of the Talk

Date : _____ Time : _____

Venue : _____

No. of participants : _____ Age Group : _____

Please complete and return this form to us by mail, fax or e-mail :

Address : 81 Princess Margaret Road, Homantin, Kowloon.

Telephone No. : 2762 2011 Fax. No. : 2715 0245

Email Address : info@ams.gov.hk

FORM 1
NOISE CONTROL ORDINANCE
(Chapter 400)

APPLICATION FOR A NOISE EMISSION LABEL
FOR AIR COMPRESSOR

Before completing this form read the Notes below.

To : The Noise Control Authority

1. I hereby apply for a noise emission label for an air compressor under the Noise Control Ordinance.

In support of my application I submit the following information and particulars :

2. Details of Applicant

2a. Name (person or company) :

2b. H.K. Identity Card No. (if the applicant is an individual) :
or Business Registration No. (if the applicant is a company) :

2c. Correspondence address :

2d. Telephone No. :

3. Information on air compressor

3a. Name and address of manufacturer :

3b. Name and address of manufacturer's authorized local representative (if any) :
.....
.....

3c. Trade name :

3d. Model (see *Note 1*) :

Continue on separate sheet if necessary. Please state clearly each appliance serial number.

3f. Rate of air flow (see *Note 2*) m³/min

3g. Supporting document (see *Note 3*) :-

* EEC type-examination certificate/Noise testing report

4. Application fee (see *Note 4*)

4a. Number of noise emission labels applied for :

4b. Total fee payable :

5. Additional information

Give any additional information which is thought to be relevant to this application :

.....
.....
.....
.....
.....
.....

Dated this day of

Signed
Applicant.

NOTES :

1. The applicant shall fill in an application form for each model.
2. The applicant shall submit all relevant trade leaflets, brochures or similar documents for the Authority's consideration.
3. The applicant shall submit for the Authority's consideration either an EEC type-examination certificate or a noise testing report certificated by a corporate member of the Institute of Acoustics, UK, that the testing was conducted in accordance with the conditions as set out in *Schedule 2* to the Noise Control (Air Compressors) Regulations.
4. The applicant shall submit a fee of \$530 for each label applied for. The fee payable on submission of this application will not be refunded. Cheques, drafts or cashier orders shall be made payable to "The Government of the Hong Kong Special Administrative Region" and crossed.
5. *Regulation 8(3)* of the Noise Control (Air Compressors) Regulations provides that not later than 28 days after an application is received by the Authority, the Authority shall issue a noise emission label or labels applied for or serve on the applicant written notice of his refusal to issue the label or labels, and if at the end of those 28 days he has done neither of those things, a label or labels shall be deemed to have been issued.
6. A noise emission label that is issued in consequence of misleading, false, wrong or incomplete information furnished by an applicant in connection with the application is liable to be cancelled.
7. The applicant is advised to read the Noise Control Ordinance and the Noise Control (Air Compressors) Regulations.

FOR OFFICE USE ONLY

Checklist in sending application for Noise Emission Label

1. Checklist of items to be submitted when applying for Noise Emission Labels (NELs):
2. The application form must be duly completed and signed by the applicant.
3. The application fee for each NEL applied for is HK\$530. Cheques shall be crossed and made payable to “The Government of the Hong Kong Special Administrative Region”. The fee payable on submission of the applications will not be refunded.

4. The application will be processed within 28 days (90% in 15 days under EPD's performance pledge).
5. You may submit your application to an appropriate office of the Environmental Protection Department