



APPLICATION FOR AMATEUR STATION LICENSE

(In accordance with Part 2, Section 6 and 7 of Radio Spectrum Act 1996)

Please read and understand carefully the TR105 Application Guidelines before completing this application form.

A. DETAILS OF APPLICANT			
1. Place an X in one of the boxes below:			
<input type="checkbox"/> New License	<input type="checkbox"/> Changes to existing License (<i>briefly describe</i>)	Existing License No: _____	
2. I am completing this application:			
<input type="checkbox"/> For Myself	<input type="checkbox"/> On behalf of my organization		
3. Name of Applicant			
4. Date of Birth		5. Place of Birth	
6. Name of Parent/Guardian†		7. Occupation of Parent/Guardian	
8. Address of Parent/Guardian			
9. Name of Contact Representative		10. Name under which license is to be issued	
11. Mailing Address (if different from Item 8 above)			
12. Telephone	13. Mobile	14. Facsimile	15. Email

† Note: If applicant is under 14 years of age, please state name, address and occupation of parent or guardian in Items 6, 7 & 8

OFFICE USE ONLY			
Account Type:	Account Name:	Receipt No:	
Amount Received:	Date Received:	Place Received:	
Mode of Payment:	Cheque No.:		
Bank:	Branch:	Drawer:	

B. CLASS OF OPERATOR LICENSE16. Place an **X** in one of the boxes below:
 Full
 Limited
 Novice
 Combined
C. TYPE OF AMATEUR STATION LICENSE17. Place an **X** in one of the boxes below:
 Amateur Station
 Combined Amateur Station
 Amateur Visitors Station
 Limited Amateur Station
 Amateur Repeater Station
 Novice Amateur Station
 Amateur Beacon Station
 Other (Specify) _____
D. LOCATION OF STATION

18. Section	19. Lot.	20. Street	21. Suburb
22. City/Town		23. District	24. Province
25. Datum <input type="checkbox"/> WGS84 <input type="checkbox"/> AGD64		26. Latitude	27. Longitude

E. EQUIPMENT

28. Type of Transmitter	29. Transmitter Manufacturer	30. Transmitter Output Power W	31. Type of Receiver
32. Receiver Manufacturer	33. Type of Antenna	34. Antenna Manufacturer	35. Height above ground level m

F. Declaration of Applicant

- I declare that I am an accredited representative of the applicant who has authorized me to submit this application; or
- I declare that I am submitting this application on my own behalf.

Signature:

Date:

OFFICE USE ONLY			
License Type Product Price ID	Assignment No.	Customer Account No.	
		Call Sign(s)	License Type (Product Price ID)
For new assignments, refer to PFAO			
		Application No.	
		Date of Issue	Date of Expiry
		Site No.	
		License Type	
		Conditions	
	Action Officer		