

LEVEL 1 CALLSIGN RECOMMENDATION FORM

(Next Available Callsign)

OFFICE USE ONLY
ALLOCATED

Applicant Details:

Title: _____ Given Name: _____ Middle Name: _____
Surname: _____ Date of Birth: _____

Postal Address:

(Provide either a street address or PO Box)w

Suburb: _____ State: _____ Postcode: _____

Contact Details:

Phone: _____ Mobile: _____
Email: _____

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: _____

Any other information attached? Yes No

Signed: _____ Date: _____

Please see privacy information on the following page

Fees – Payable on Application

Refer to current fee schedule advertised on www.amc.edu.au/industry/amateur-radio

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

<i>This section AMC Office use only:</i>
<i>Date Received:</i>
<i>Receipt:</i>
<i>ACMA Notified:</i>

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