

LEVEL 2 CALLSIGN RECOMMENDATION FORM

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

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)

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: _____

1st Callsign Preference: VK

2nd Callsign Preference: VK

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.

This section AMC Office use only:

Date Received:

Receipt:

ACMA Notified:

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