

LEVEL 5 CALLSIGN RECOMMENDATION FORM

(Repeaters and Beacons)

OFFICE USE ONLY
ALLOCATED

Applicant Details:

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

Postal Address:

(Provide either a street address or PO Box)

Suburb: _____ State: _____ Postcode: _____

Contact Details:

Phone: _____ Mobile: _____
Email: _____
Existing ACMA Client Number: _____
Current Callsign: _____

Repeater/Beacon Location:

Repeater: **Beacon:** (Please indicate your response with a ✓)

Street Address: _____
Suburb: _____ State: _____ Postcode: _____

And/or Repeater/Beacon Location: To 6 Decimal places (A phone app like GPS TEST can provide GPS coordinates to 6 decimal places)

South: _____ **East:** _____

Callsign Preference: _____

Signed: _____ Date: _____

Please see privacy information on the following page

Fees – Payable on Application:

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

- Cheque/Money Order payable to: University of Tasmania
- Online payment at <http://www.amc.edu.au/industry/amateur-radio>
Receipt Number: _____
- 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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