

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:** _____

Fees – Payable on Application:

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

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

This section AMC Office use only:

Date Received:

Receipt:

ACMA Notified:

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