

EXPLANATORY NOTES – please read this information before completing the application form

- Use form Radio 4M if you wish to obtain a callsign only under the General User Radio Licence for Aeronautical or Maritime Purposes.
- Complete section A in the name and/or title of the person or company/organisation to whom the licence will be issued.
- You may use this form only for the type of licences shown in Section E of this form. If space is insufficient, you may use a separate sheet.
- Information is available on the Ministry of Economic Development, Radio Spectrum Management Group website www.rsm.govt.nz
- The completed form should be forwarded to Ministry of Economic Development, Radio Spectrum Management Group, Licensing team, PO Box 2847, Wellington.
- Mandatory fields marked with an asterisk * must be completed. Incomplete application forms may be returned to the applicant for completion.
- Payment for licence fees may be supplied with this application. The applicable fees are listed in Schedule 6 of the Radiocommunications Regulations 2001. If no payment is supplied an invoice will be sent to the licensee.
- A separate application form must be used for each type of licence being sought.
- If no contact details are specified, the client details provided will be used for all communications from Radio Spectrum Management.
- If this licence is granted, full details will be recorded in the Register of Radio Frequencies and will be available for public inspection. This will include the name and address of the licence holder. Clients of type person have the right to request that their residential address be withheld from public access. Requests must be made in writing to the Registrar of Radio Frequencies, Private Bag 92061, Auckland.

FOR HELP WITH THIS APPLICATION PLEASE FREEPHONE 0508 RSM INFO (0508 776 463)

A LICENCE APPLICATION DETAILS * = mandatory fields

* Client types Please select a category. For Client type 'Person' go to A1, for all other client types go to A2

- | | | |
|--|--|---|
| <input type="checkbox"/> Person <i>> go to A1</i> | <input type="checkbox"/> Government Department | <input type="checkbox"/> Registered Company |
| <input type="checkbox"/> Charitable Trust | <input type="checkbox"/> Incorporated Society | <input type="checkbox"/> Statutory Body |
| <input type="checkbox"/> Council | <input type="checkbox"/> Overseas Company | <input type="checkbox"/> Other |

A1 Person

Do you already have licences issued under the same name?

- No, I am applying for a licence for the first time
 Yes; Client ID _____

- Mr Mrs Miss Ms Doctor
 Sir Captain Commodore

* First name _____

* Last name _____

Billing Name: _____

Email address: _____

* Private Phone _____
 Area Code Phone Number

* Business Phone _____
 Area Code Phone Number

Mobile Phone _____
 Prefix Phone Number

Fax Number _____
 Area Code Fax Number

A2 For client types of

- Charitable Trust
- Registered Company
- Government Department
- Incorporated Society
- Other
- Overseas Company
- Statutory Body
- Council

Do you already have licences issued under the same name?

- No, I am applying for a licence for the first time
 Yes; Client ID _____

Company Registration No. _____

Organisation Name _____

Billing Name: _____

Email address: _____

Private Phone _____
 Area Code Phone Number

* Business Phone _____
 Area Code Phone Number

Mobile Phone _____
 Prefix Phone Number

Fax Number _____
 Area Code Fax Number

B ADDRESS SECTION*** B1 Residential/Physical Address**

* Number and Street: _____

* Suburb: _____

Town/City: _____

Postcode (if known): _____

See explanatory note above for information on how to request the withholding of residential address details on the Register of Radio Frequencies

*** B2 Billing/Postal Address**

(if not supplied, it is assumed to be the same as the residential address)

*PO Box number: _____

* Or Number and Street: _____

* Suburb: _____

Town/City: _____

Postcode: _____

C CONTACT DETAILS – RSM’s SMART system has provision for multiple contact types to ensure targeted communication from RSM.

- Licence Contact eg. Licence or asset manager
 Payment Contact eg. Accountant or accounts receivable
 Technical Contact eg. Agent or engineer

Name: _____

* First name

* Last name

Title: Mr Mrs Miss Ms Doctor

Responsibility: (eg. North Island fixed links or Accounts Payable etc...)

Email Address: _____

Private Phone: _____

Area Code

Phone Number

Business Phone: _____

Area Code

Phone Number

Mobile Phone: _____

Prefix

Phone Number

Fax Number: _____

Area Code

Fax Number

If you wish to notify RSM of additional contacts, please copy this page and attach it with your application.

D PAYMENT OPTIONS - See Schedule 6 of Radiocommunications Regulations 2001 for applicable fees

PAYMENT AMOUNT _____

Pay by Cheque to Ministry of Economic Development Direct Debit (MED registered users only) # _____

Mastercard Visa American Express Diners

Card Number _____ Expiry Date ____ / ____ / ____

Holder's Name _____ Signature _____

GST RECEIPT REQUIRED

E LICENCE TYPE

- New licence Modify existing licence number _____
 Aircraft *go to E1* Ship *go to E2*

E1 Aircraft

Aeronautical radio transmitters used on aircraft are included in the General User Radio licence for Aeronautical purposes. If you still wish to proceed with an application for an individual licence, an annual fee is payable. If you wish to obtain a callsign only for glider/paraglider operation please use Radio5 form.

***Registration Letters:**

ZK _____ (3 Registration Letters)

E2 Ship/Maritime Individual Licence & MMSI (Maritime Mobile Service Identity) number

Please note an individual licence is not required for operation under the General User Radio Licence (GURL) for Maritime Purposes. If you do wish to obtain an individual ship licence please note an annual fee is payable. If you wish to obtain a callsign only under the General User Radio Licence please use a Radio 4M form Application for Certificate of Competency, Callsign and MMSI Allocation (Maritime).

(Tick each applicable box)

- Full Licence Recreational vessel Commercial vessel

*** Select installation type:**

- MF / HF (SSB) only Callsign _____
 VHF only Callsign _____
 MF / HF & VHF equipped Callsign _____

Vessel Name: _____

Please note that unless otherwise specified, a standard MMSI/DSC number will be allocated.

- Radio Telex Number required? Satellite Equipment fitted? *(a satellite MMSI number will be allocated)*

F DECLARATION

In accordance with Regulations made pursuant to Part XIII of the Radiocommunications Act 1989, I hereby apply for the grant of a licence for the installation, operation or use of the radio apparatus described herein.

***I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT IN EVERY PARTICULAR.**

Signature of Applicant

Name of Applicant

Date

NEED HELP WITH YOUR APPLICATION?

CONTACT US ON FREEPHONE 0508 RSM INFO (0508 776 463)

**FOR MORE INFORMATION ON AERONAUTICAL/MARITIME LICENSING GO TO
WWW.RSM.GOV.NZ**