Application for Short Range Operator Certificate of Proficiency (SROCP)

Applicant Details (minimum age 16 years)

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other _____

Surname:

Given Names:

Date of Birth:

Mobile Phone:

Email:

Postal Address:

State: _____   Postcode: _____

Photograph

Please email one current, colour passport-size photograph (preferably .jpg) of yourself (no hats, sunglasses or other obstructions).
Email: *amcom@amc.edu.au*

If you are unable to email your photo, please post a hard copy to the address below.

Verification

The invigilator is required to verify your identity. Please provide photo identification to your invigilator prior to your assessment.
E.g. Driver's Licence/Passport.

Examination Details

Training Organisation:

Invigilator:

Exam Date:

Checklist

☐ Name and contact details are correct

☐ Payment option/receipt number noted

☐ Photo (emailed or posted)

☐ Application signed and dated

Privacy Information: The University of Tasmania, trading as the Australian Maritime College (AMC), under an agreement with the Australian Communications and Media Authority (ACMA), collects, stores, uses and discloses your personal information as outlined in the following policies:
The University of Tasmania Privacy Statements *www.utas.edu.au/privacy*
The ACMA privacy policy *www.acma.gov.au/privacypolicy*

Release of Information: I consent to the release of my student record to the institutions involved in the delivery of my course and as required by law to certain government departments and statutory bodies.

Declaration: I certify that I have the ability to correctly send and receive messages by radiotelephony. I declare to the best of my knowledge the information given in this form is complete and true.

Signature of Applicant

Date

Australian Maritime College
Locked Bag 1394, Launceston TAS 7250
Phone: 1300 365 262
Email: *amcom@amc.edu.au*
Web: *www.amc.edu.au/industry/omc*

Fees (payable on application)
Current fees are published and payable online:
https://www.amc.edu.au/industry/omc/omc-fees-and-payment

☐ To be paid by the Invigilator or Organisation

☐ Paid by me - Receipt No: WRO Receipt _____

Short Range Operator Certificate of Proficiency (SROCP) Answer Sheet

Applicant's Name: _____

INSTRUCTIONS: With a dark lead pencil or ink pen (NO fluorescent or felt pens) shade in the oval under the letter for the answer. If you change your mind, erase the incorrect answer or put an "X" through it and then shade in the correct answer.

For Example:

	A	B	C	D
Q.	⊗	◯	⬤	◯

	A	B	C	D
1.	◯	◯	◯	◯
2.	◯	◯	◯	◯
3.	◯	◯	◯	◯
4.	◯	◯	◯	◯
5.	◯	◯	◯	◯
6.	◯	◯	◯	◯
7.	◯	◯	◯	◯
8.	◯	◯	◯	◯
9.	◯	◯	◯	◯
10.	◯	◯	◯	◯
11.	◯	◯	◯	◯
12.	◯	◯	◯	◯
13.	◯	◯	◯	◯
14.	◯	◯	◯	◯
15.	◯	◯	◯	◯
16.	◯	◯	◯	◯
17.	◯	◯	◯	◯

	A	B	C	D
18.	◯	◯	◯	◯
19.	◯	◯	◯	◯
20.	◯	◯	◯	◯
21.	◯	◯	◯	◯
22.	◯	◯	◯	◯
23.	◯	◯	◯	◯
24.	◯	◯	◯	◯
25.	◯	◯	◯	◯

IMPORTANT NOTE: Incomplete Application/Answer Sheet

To ensure an application is processed in a timely manner, please ensure the form is completed correctly and the correct fee has been paid. Incomplete applications will not be processed. On receipt of an incomplete application, a request will be sent to provide the necessary information/payment within 30 days. If the application has not been completed within 30 days of this request, the application and examination paper will be cancelled and the payment forfeited. Unpaid applications will incur an outstanding debt.