



Application for Long Range Operator Certificate of Proficiency (LROCP)

Applicant Details (minimum age 16 years)		Photograph
□ Mr □ Mrs □ Ms □ Miss □ Other		Please email one current, colour passport-size photograph (preferably .jpg) of yourself (no hats, sunglasses or other obstructions). Email: <i>amcom@amc.edu.au</i>
Surname:		If you are unable to email your photo, please post a hard copy to the address below.
Given Names:		Verification The invigilator is required to verify your identity. Please provide photo identification to your invigilator prior to your assessment.
Date of Birth:		E.g. Driver's Licence/Passport. Examination Details
Mobile Phone:		Training Organisation:
Email:		Invigilator:
Postal Address:		Exam Date:
		Checklist
		Name and contact details are correct
		Payment option/receipt number noted
State:	Postcode:	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

 \Box Paid by me - Receipt No: WRO Receipt