

AMTA RF SAFETY COMPLIANCE PROGRAM



Details required for RFNSA access for Radiocommunications Facility Manager/ Owner or Carrier Subcontractor

Your Details (person requiring access to the RFNSA)

Contact Name:

Contact Number:

Contact Email Address:

Company Name (if applicable)

Prime Contact Name:

Prime Contact Number:

Prime Contact Email Address:

Do you have multiple staff requiring access?

Yes No

Are You / Your Company:

Property Owner / Facility Manager

Carrier Sub-Contractor

Other Please Specify

Site Details: (eg location and address of facility
If more than one location please provide further details)

Company Name (if applicable)

Contract Manager Name:

Contract Manager Number:

Carrier Contact Name:

Carrier Contact Number:

Return Completed Form to:

rfnsasupport@amta.org.au