

## Radiocommunications Facility Manager/Owner or Carrier Sub-Contractor access details required for RFNSA access

### Your Details: (person requesting access to 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: (e.g location and address of facility.  
If more than one, please provide further details)

Carrier Sub-Contractors Only:

Contract Manager Name:

Contract Manager Number:

Carrier Contact Name:

Carrier Contact Number:

Return completed form to:

[rfnsasupport@amta.org.au](mailto:rfnsasupport@amta.org.au)