MAC FORM 002		Submit Via Email		I Save as	Print Form	
MOVE		ADD		CHANGE		
Region	Choose an item.					
Group	Choose an item.					
Brigade						
Site / Location						
GRN / VHF and CB		Removal Details		Installation	Installation Details	
Vehicle Rego						
Vehicle Type						
Vehicle Call Sig	n if known					
Radio Type		GRN □ \	/HF □ CB □	GRN □ VHF	□СВ□	
Serial No						
Asset No						
Radio Id No						
Alias Format		Station Alpha C	ode / Dash / Function	n, Position or Role / Dash /	Radio Type	
Alias						
Reason for MA						
Location of Rac	dio after removal					
HF ONLY		Remov	val Details	Installation	Details	
Alias						
Radio Selcal ID						
RF Unit (Seria	l No)					
Handset (Seria	al No)					
Junction Box (Serial No)						
CONTRACTOR A	ASSIGNED					
	100101125					
TECHNICIAN			Date	2:		
Signature		Print Name				
EMAIL to:						
telco@cfs.sa.gov.au		OFFICE USE ONLY (Tick box, Date & Initial)				
Fax a copy of this notification to: 08 8211 9555		ESOTAS Date: Initials:	- ENTERED	VO3 - COMPLET Date: Initials:	ED 🔲	
		Signature		Print Name		