



Australian Government

Geoscience Australia

RADARSAT DATA ORDER FORM

Geoscience Australia

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ORDER FORM – RADARSAT DATA

INVOICEE:	SHIP TO:
Contact Name:	Name:
Address:	Address:
Tel/Fax:	
Email:	Tel/Fax:
Client Reference:	Email:

PLEASE NOMINATE YOUR BUSINESS AND INDUSTRY SECTOR AND APPLICATIONS FROM THE OPTIONS BELOW

Business Sector (select one only)	☐ Private Sector ☐ Federal Government	☐ State Government ☐ GBE / Statutory Body	☐ Local Government ☐ Academia	☐ Private Citizen (go to Applications) ☐ Overseas
Industry Sector (select one only)	☐ Agriculture & Fisheries ☐ Education/Research ☐ Land Information Specialists ☐ Conservation & Environment Management	☐ Planning & Land Development ☐ Media & Publishing ☐ Communications	☐ Forestry ☐ Energy & Water ☐ Defence/Emergency Serv.	☐ Geosciences ☐ Transportation ☐ Other
Applications (select as many as necessary)	☐ Asset / Facilities Management ☐ Environmental Monitoring ☐ Graphic Presentation ☐ Navigation / Positioning	☐ Teaching/Training ☐ Crop Analysis ☐ Exploration ☐ Infrastructure Planning	☐ Risk Assessment ☐ Other ☐ Emergency/Disaster Res.	☐ Fleet & Logistics Management ☐ Map Production ☐ Surveillance

PLEASE ENTER YOUR PREFERRED OPTIONS FROM THE PARAMETERS BELOW:

Processing Level:

Raw Data ☐	SingleLook complex ☐
* Path Image ☐	* Path Image Plus ☐
*Map Image ☐	
*For these levels, choose:	
AMG - AGD66 ☐	UTM - WGS84 ☐

FRAMING:

Scene Centre				Area Name	
Latitude	Deg S:		Min:		
Longitude	Deg E:		Min:		

SCENE DETAILS:

From Archive ☐ or Forward Acquisition ☐

Orbit Number		Beam Mode	
Acquisition Date	Day	Month	Year
Start Time (UTC)			
Data processing time (sec)			
		Tape ID	

MEDIA / DELIVERY

DVD-R ☐ Online* ☐ Online* & DVD-R ☐

*Please provide two e-mail addresses for online delivery

COMMENTS:

I acknowledge that I have been provided with a copy of the end-user licence terms applicable to these data products, and am aware that these terms may be inspected at www.ga.gov.au/earth-observation/accessing-satellite-imagery/ordering/licensing-conditions

End-user's Signature:

Date:

GA OFFICE USE ONLY

GA Order No:	
Account No:	
Date Entered:	
Entered By:	
Date Completed:	
Cost:	
V:	