NCVEC QUICK-FORM 605 APPLICATION FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE

SECTION 1 - TO BE COMPLETED BY APPLICANT					
PRINT LAST NAME SUFFI	X (Jr., Sr.) FIRST NAME	IN	ITIAL STATION C	ALL SIGN (IF ANY)	
Doe	John				
MAILING ADDRESS (Number and Street or P.O. Box) 123 Main St.				ECURITY NUMBER (SSN) or (FRN) FCC FEDERAL TION NUMBER	
CITY STATE CODE ZIP CODE (5 or 9 Numbers)			0099999		
Anytown	1	99-9999		DRESS (OPTIONAL)	
DAYTIME TELEPHONE NUMBER (Include Area Code) OP		Area Code) OPTIONAL		De@emailaddress.com	
999-999-9999		s Area Code, OF HONAL	LNIIII NA	INIC (IF GEOD, MILITARY REGREATION, RACES)	
Type of Applicant: Individual Ama	nteur Military Recreation	RACES (Modify On	,	ITARY RECREATION, OR RACES CALL SIGN	
I HEREBY APPLY FOR (Make an X i	n the appropriate box(es))	SIGNATUR	E OF RESPONSIBLE CLUB OFFICIAL (not trustee)	
EXAMINATION for a new license grant CHANGE my mailing address to above address					
EXAMINATION for upgrade of my license class CHANGE my station call sign systematically					
CHANGE my name on my license to my new name Applicant's Initials:					
Former Name: RENEWAL of my license grant.					
	L DUDDOOF OF OF	IED ADDI ICATION	Гь	ENDING FILE NUMBER (FOR VEC USE ONLY)	
Do you have another license application with the FCC which has not been acted u	on file	ENAITEIOATION		ENDING FILE NOMBER (FOR VEG GGE GNET)	
 I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; All statements and attachments are true, complete and correct to the best of my knowledge and belief and are made in good faith; I am not a representative of a foreign government; I am not subject to a denial of Federal benefits pursuant to Section 5301of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862; The construction of my station will NOT be an action which is likely to have a significant environmental effect (See 47 CFR Sections 1.1301-1.1319) 					
 and Section 97.13(a)); I have read and WILL COMPLY with Section 97.13(c) of the Commission's Rules regarding RADIOFREQUENCY (RF) RADIATION SAFETY and the amateur service section of OST/OET Bulletin Number 65. 					
Signature of applicant (Do not print, type, or stamp. Must match applicant's name above.) (Clubs: 2 different individuals must sign)					
X Date Signed:					
SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VES					
Applicant is qualified for operator license class:			DATE OF EXAM	DATE OF EXAMINATION SESSION	
NO NEW LICENSE OR UPGRADE WAS EARNED			EXAMINATION	SESSION LOCATION	
TECHNICIAN Element 2			VEC ORGANIZ	ATION	
GENERAL Elements 2 and 3			VEC ORGANIZ	/EC ORGANIZATION	
The state of the s			VEC RECEIPT	VEC RECEIPT DATE	
AMATEUR EXTRA Elements 2, 3 and 4					
I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIRMENTS IN PART 97 OF THE COMMISSION'S RULES AND WITH THE INSTRUCTIONS PROVIDED BY THE COORDINATING VEC AND THE FCC.					
1st VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name) DATE SIGNED			
2nd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name) DATE SIGNED			
3rd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name) DATE SIGNED			