



National Communications Authority



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AMATEUR RADIO APPLICATION FORM

APPLICANT'S INFORMATION

First Name: Last Name:

Physical Address: Postal Address:

Telephone Number: Email Address:

Nationality: Passport Number:

LICENCE DESCRIPTION

| | | |
|---|----------------------|----------------------|
| Licence Type New <input type="checkbox"/> Renewal <input type="checkbox"/> Change of call sign <input type="checkbox"/> Other Specify <input type="checkbox"/> | Previous License No: | <input type="text"/> |
| | Year of Issue: | <input type="text"/> |
| | Country of Issue: | <input type="text"/> |
| | Call Sign: | <input type="text"/> |
| | Class: | <input type="text"/> |

| | |
|---|---|
| Licence Type (tick as appropriate and indicate class of license) Individual: <input type="checkbox"/> Group: <input type="checkbox"/> | Location (Tye the Physical Address of the armature radio station) <input type="text"/> |
|---|---|

DECLARATION (False declaration is liable to stiff legal/financial penalties)

By signing this form I confirm that the information provided is correct and complete to the best of my knowledge and belief. I declare that I am responsible for compliance with the license and control and supervision of the equipment which is the subject of the license and have due authority to make this declaration and sign this application

Applicant Full Name: _____

Signature: _____

Date: _____