

1 X 1 CALL SIGN REQUEST

CALL REQUESTED:     
Prefix Numeric Suffix

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COORDINATOR

BEGINNING DATE

ENDING DATE

NAME OF EVENT

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REQUESTOR INFORMATION:

NAME

CURRENT CALL SIGN

MAILING ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

DAYTIME PHONE

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SUBMIT REQUEST TO:

WCARS-VEC  
1X1 CALL SIGN REQUEST  
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