

# WCARS / VEC Quick Form - 605

## APPLICATION FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE TO BE COMPLETED BY APPLICANT

### SECTION 1

PRINT LAST NAME		SUFFIX	FIRST NAME		INITIAL	DATE OF BIRTH
STATION CALL SIGN	CLASS	REQUIRED ENTRY- FEDERAL REGISTRATION NUMBER (FRN), IF NONE ENTER SOCIAL SECURITY NUMBER (SSN)				
MAILING ADDRESS				E-MAIL		
CITY		STATE CODE	ZIP CODE	PHONE NUMBER (INCLUDE AREA CODE)		

**Basic Qualification Question:** Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony in any local, state or federal court?

NO     YES    If "Yes", see "FCC BASIC QUALIFICATION QUESTION INSTRUCTIONS AND PROCEDURES"

<input type="checkbox"/> NE = EXAMINATION FOR NEW LICENSE <input type="checkbox"/> MD = GRANDFATHER TO _____ <input type="checkbox"/> MD = EXAMINATION FOR UPGRADE <input type="checkbox"/> AU = CHANGE MY NAME ON MY LICENSE FORMER NAME _____	<input type="checkbox"/> AU = CHANGE MY MAILING ADDRESS <input type="checkbox"/> RO = RENEW MY LICENSE <input type="checkbox"/> RM = RENEW WITH MODIFICATION <input type="checkbox"/> MD = CHANGE MY CALLSIGN SYSTEMATICALLY APPLICANT'S INITIALS _____
---	---

If you have another license application on file with the FCC which has not been acted upon, enter Purpose and Pending File Number >	PURPOSE OF OTHER APPLICATION	PENDING FILE NUMBER (FOR VEC USE ONLY)

**I certify that:**

- 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 5301 of the Anti-Drugs 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 # 65.

SIGNATURE OF APPLICANT	Date Signed:
X _____	_____

### SECTION 2 TO BE COMPLETED BY ALL ADMINISTERING VEs

Applicant is qualified for operator license class:

- NO NEW LICENSE OR UPGRADE WAS EARNED
- TECHNICIAN                      Element 2
- GENERAL                              Element 2 and 3
- AMATEUR EXTRA                      Element 2, 3, and 4

DATE OF EXAMINATION SESSION
EXAMINATION SESSION LOCATION
VE ORGANIZATION
VEC RECEIPT DATE

I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIREMENTS 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

CONTROL NUMBER