

WCARS / VEC TEST COVER SHEET TO BE COMPLETED BY APPLICANT

SECTION 1

PRINT LAST NAME		SUFFIX	FIRST NAME		INITIAL	DATE OF BIRTH
STATION CALL SIGN		CLASS	FCC FRN # (if known) or SOCIAL SECURITY NUMBER			
MAILING ADDRESS				E-MAIL		
CITY		STATE CODE	ZIP CODE	PHONE NUMBER (INCLUDE AREA CODE)		

CIRCLE ELEMENTS REQUESTED THIS SESSION

EL 2 (TECHNICIAN)

EL 3 (GENERAL)

EL 4 (EXTRA)

X	SIGNATURE OF APPLICANT (Do not print, type, or stamp; must match applicants name above)	
		DATE SIGNED:

SECTION 2

TO BE COMPLETED BY VE TEAM

VE CHECK:	LICENSE	CSCE	POSITIVE ID	PAYMENT METHOD:	CASH	CHECK
	_____	_____	_____		_____	_____

ELEMENT CREDIT

FOR LICENSE CREDIT
 FOR CSCE ELEMENT CREDIT
 FOR GRANDFATHER CREDIT:

INDICATE ELEMENTS PASSED OR FAILED WITH "X" IN APPROPRIATE FIELD

ELEMENTS	EL-2	EL-3	EL-4
EXAM ID			
PASSED			
FAILED			

CIRCLE ELEMENTS QUALIFIED FOR THIS SESSION

T G E NONE

VE TEAM	All required information on Form 605, Session Summary Sheet, and Test Cover Sheet are complete and legible. If Applicant indicated "yes" to the "Basic Qualification Question", Applicant was informed of procedure to submit required supplemental information in order to obtain amateur license.
TEAM LEADER SIGNATURE:	

COMMENTS: _____

CONTROL NUMBER