

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

SECTION 1 - TO BE COMPLETED BY APPLICANT				
PRINT LAST NAME	SUFFIX (Jr., Sr.)	FIRST NAME	INITIAL	STATION CALL SIGN (IF ANY)
MAILING ADDRESS (Number and Street or P.O. Box)				SOCIAL SECURITY NUMBER (SSN) or (FRN) FCC FEDERAL REGISTRATION NUMBER
CITY	STATE CODE	ZIP CODE (5 or 9 Numbers)		FAX NUMBER (Include Area Code) OPTIONAL
DAYTIME TELEPHONE NUMBER (Include Area Code) OPTIONAL		E-MAIL ADDRESS (OPTIONAL)		

**I HEREBY APPLY FOR** (Make an X in the appropriate box(es))  **CHANGE** my name on my license to my new name

Type of Applicant: \_\_\_\_\_  
Former Name: \_\_\_\_\_  
(Last name) (Suffix) (First name) (MI)

**INDIVIDUAL**

**CHANGE** my mailing address to **above** address

**EXAMINATION** for a **new** license grant

**CHANGE** my station **call sigs** systematically

**EXAMINATION** for **upgrade** of my license class

Applicant's Initials: To Confirm

**RENEWAL** of my license. Exp. Date

Do you have another license application on file with the FCC which has not been acted upon?	PURPOSE OF OTHER APPLICATION	PENDING FILE NUMBER (FOR VEC USE ONLY)
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- 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-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.)

**X** \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

<p>Applicant is qualified for operator license class:</p> <p><input type="checkbox"/> <b>NO NEW LICENSE OR UPGRADE WAS EARNED</b></p> <p><input type="checkbox"/> <b>TECHNICIAN</b>           Element 2</p> <p><input type="checkbox"/> <b>GENERAL</b>                Elements 2 and 3</p> <p><input type="checkbox"/> <b>AMATEUR EXTRA</b>       Elements 2, 3 and 4</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">DATE OF EXAMINATION SESSION</td></tr> <tr><td style="padding: 2px;">EXAMINATION SESSION LOCATION</td></tr> <tr><td style="padding: 2px;">VEC ORGANIZATION</td></tr> <tr><td style="padding: 2px;">VEC RECEIPT DATE</td></tr> </table>	DATE OF EXAMINATION SESSION	EXAMINATION SESSION LOCATION	VEC ORGANIZATION	VEC RECEIPT DATE
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**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)	VE #	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name)	DATE SIGNED