

LAUREL AMATEUR RADIO CLUB - VOLUNTEER EXAMINER COORDINATOR

VOLUNTEER EXAMINER APPLICATION

NAME _____

CALL SIGN _____ CIRCLE CLASS: Extra Advanced General

ADDRESS (STREET OR POB) _____

CITY, STATE, & ZIP _____

HOME TELEPHONE # _____ CELL # _____

WORK TELEPHONE # _____ Email _____

BIRTH DATE (MUST BE AT LEAST 18) _____

LICENSE EXPIRATION DATE _____

LIST OTHER VEC CERTIFICATIONS HELD _____

HAVE YOU EVER BEEN DIS-ACCREDITED BY ANOTHER VEC? YES _____ NO _____

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? YES _____ NO _____

I agree to abide by the rules and regulations governing volunteer examiners as stated in Federal Communications Commission Part 97 - Amateur Radio Service and the LARC VEC Instructions to the VE Teams.

APPLICANT'S SIGNATURE _____

DATE OF APPLICATION _____

SIGNATURE OF SPONSORING TEAM LEADER _____

SPONSORING TEAM _____

Team Leader: Attach a copy of the applicant's Amateur Radio License. Enclose this VE application with your next session package. Applicant will be formally accredited when application is processed by LARC VEC. You may use the applicant as a VE pending formal certification.