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

SECTION 1 - TO BE COMPLETED BY APPLICANT					
PRINT LAST NAME SUFFIX (Jr., S	· 1		INITIAL	STATION CALL SIGN (IF ANY)	
Doe	John			KZ3ZZZ	
MAILING ADDRESS (Number and Street or P.O. Box) 123 Main St.				SOCIAL SECURITY NUMBER (SSN) or (FRN) FCC FE REGISTRATION NUMBER 009999999999	DERAL
CITY	STATE CODE   ZIP CO	DE (5 or 9 Numbers	`	E-MAIL ADDRESS (OPTIONAL)	
	1	9-9999	,	i '	
Anytown  DAYTIME TELEPHONE NUMBER (Include Area Code) OPTIONAL			Al	john.doe@emailaddress.com ENTITY NAME (IF CLUB, MILITARY RECREATION, RA	ACES)
999-999-9999	FAX NOMBER (INClude	Area Code) OF HON.	AL	ENTITY NAME (IF GLOB, MILITARY REGREATION, RA	ACES)
Type of Applicant: Individual Amateur Club	Military Recreation	RACE (Modify		CLUB, MILITARY RECREATION, OR RACES CALL SIG	GN
I HEREBY APPLY FOR (Make an X in the appropriate box(es))					trustee)
EXAMINATION for a new license grant  CHANGE my mailing address to above address					
EXAMINATION for upgrade of my license class					
CHANGE my name on my license to my new name Applicant's Initials:					
Former Name: RENEWAL of my license grant.					
	L BURBOSE OF OTH	ER APPLICATION		PENDING FILE NUMBER (FOR VEC USE OF	u v
Do you have another license application on file with the FCC which has not been acted upon?	9	ENAPERATION		TENDING FILE NUMBER (FOR VEG GGE GA	,
<ul> <li>All statements and attachments are true, complete and correct to the best of my knowledge and belief and are made in good faith;</li> <li>I am not a representative of a foreign government;</li> <li>I am not subject to a denial of Federal benefits pursuant to Section 5301of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862;</li> <li>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));</li> <li>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.</li> </ul>					
Signature of applicant (Do not print, type, or stamp. Must match applicant's name above.) (Clubs: 2 different individuals must sign)					
X Date Signed:					
SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VES					
Applicant is qualified for operator license class:			DA	ATE OF EXAMINATION SESSION	
NO NEW LICENSE OR UPGRADE WAS EARNED				AMINATION SESSION LOCATION	
			ANNINATION SESSION ECCATION		
Vi			C ORGANIZATION		
GENERAL Elements 2 and 3			C RECEIPT DATE		
AMATEUR EXTRA Elements 2, 3 and 4					
I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIRMENTS 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 nam		DATE SIGNED	
2nd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match na		name) DATE SIGNED	
3rd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match na		name) DATE SIGNED	