

# Laurel Amateur Radio Club Volunteer Examiner Coordinator

## VE Applicant Data Collection Form

Print Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_  
(as shown on license) (e.g.—"Bob" rather than "Robert")

Call Sign: \_\_\_\_\_ Circle License Class: Extra Advanced General

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Circle Type: Home Cell Work

E-Mail Address: \_\_\_\_\_

Are you 18 years of age or older? Yes  No

Have you ever been discredited by another VEC? Yes  No

Has your license ever been revoked or suspended? Yes  No

I hereby certify that the above information is accurate.

I hereby agree to abide by the rules and regulations governing volunteer examiners as stated in Part 97 of the Federal Communications Commission Rules and in the LARC-VEC Policies & Procedures Manual.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### INSTRUCTIONS

1. **VE Applicant: Complete and sign this form.**

2. **Team Leader**

- a. You **MUST** verify the applicant's age if the applicant appears to be less than 30 years of age.
- b. Enter the information from this form onto the New VE Application Page accessible through the Team Leader Portal on the Laurel VEC website (<http://laurelvec.com>).
- c. You **MUST** either destroy the completed form after use or retain the completed form for your records in accordance with your state's requirement to protect Personal Identifiable Information.
- d. **DO NOT forward this form to your Regional Coordinator or to the VEC Chairman.**