

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

SECTION 1 - TO BE COMPLETED BY APPLICANT **PLEASE PRINT LEGIBLY!**

PRINT LAST NAME	SUFFIX (Jr., Sr.)	FIRST NAME	M.I.	AMATEUR RADIO CALL SIGN (IF LICENSED)
MAILING ADDRESS (Number and Street or P.O. Box)				FCC REGISTRATION NUMBER (FRN) (MANDATORY)
CITY	STATE CODE	ZIP CODE	DAYTIME TELEPHONE NUMBER (Including Area Code)	
EMAIL ADDRESS (MANDATORY)				

Basic Qualification Question -- **Answer Required in Order to Process Your Application**
 Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court? YES NO
 If "YES", see "FCC BASIC QUALIFICATION QUESTION INSTRUCTIONS AND PROCEDURES" on the back of this form.

I HEREBY APPLY FOR [Make an X in the appropriate box(es)]:

<input type="checkbox"/> EXAMINATION for a new license grant	<input type="checkbox"/> CHANGE my mailing address to above address
<input type="checkbox"/> EXAMINATION for upgrade of my license class	<input type="checkbox"/> CHANGE my station call sign systematically
<input type="checkbox"/> CHANGE my name on my license to my new name	Applicant's Initials To Confirm _____
Former Name: _____ (Last name) (Suffix) (First name) (MI)	<input type="checkbox"/> RENEWAL of my license grant
	Exp. Date: _____

- 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 RADIO FREQUENCY (RF) RADIATION SAFETY and the amateur service section of OST/OET Bulletin Number 65.

Signature of Applicant:

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"/> NO NEW LICENSE OR UPGRADE WAS EARNED</p> <p><input type="checkbox"/> TECHNICIAN Element 2</p> <p><input type="checkbox"/> GENERAL Elements 2 and 3</p> <p><input type="checkbox"/> AMATEUR EXTRA Elements 2, 3, and 4</p>	<p>DATE OF EXAMINATION SESSION</p> <hr/> <p>EXAMINATION SESSION LOCATION</p> <hr/> <p>VEC ORGANIZATION</p> <hr/> <p>VEC RECEIPT DATE</p>
--	--

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 VE's NAME (Print First, MI, Last, Suffix)	VE's STATION CALL SIGN	VE's SIGNATURE (Must match name)	DATE SIGNED
2nd VE's NAME (Print First, MI, Last, Suffix)	VE's STATION CALL SIGN	VE's SIGNATURE (Must match name)	DATE SIGNED
3rd VE's NAME (Print First, MI, Last, Suffix)	VE's STATION CALL SIGN	VE's SIGNATURE (Must match name)	DATE SIGNED