

Laurel VEC Applicant Registration Form

Session Location	Session Date	Control Number
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Applicant Information

Last Name	Suffix	First Name	M.I.
Street Address			PO Box
City		State	Zip Code
Telephone	E-Mail Address		

FCC Registration Number (FRN)

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Have you ever been convicted of a felony in any state or federal court? No Yes

- You **MUST** answer the above question if you are applying for a new license, upgrading an existing license, renewing your license, or applying for a call sign change. If you answer "Yes", then you must provide an explanation of the conviction to the FCC via mail or e-mail before your application will be processed by the FCC. If you fail to provide the explanation within 14 days, your application will be dismissed.
- **DO NOT** answer the above question if all you are doing is changing your name or changing your mailing address.

Do you have another license application on file that has not been acted upon? No Yes

If yes, what is the purpose of the other application? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> New License | <input type="checkbox"/> Upgrade License Class | <input type="checkbox"/> Vanity Call Sign |
| <input type="checkbox"/> Renew License | <input type="checkbox"/> Change Name or Contact Info | <input type="checkbox"/> Change Call Sign Systematically |

Application File Number

Current License Information

Call Sign	Class:	Expiration Date (MM/DD/YYYY) <table style="display: inline-table; border: none;"> <tr> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> <td style="width: 20px; height: 20px; border: 1px solid black;"> </td> </tr> </table>										

Desired Exams/Actions (Check All That Apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Technician Exam (Element 2) | <input type="checkbox"/> General Exam (Element 3) | <input type="checkbox"/> Amateur Extra Exam (Element 4) |
| <input type="checkbox"/> Renew License | <input type="checkbox"/> Change Name | <input type="checkbox"/> Change Contact Info |
| <input type="checkbox"/> Change Call Sign | | |

For Volunteer Examiner Use Only

ID Check		
VE #1	VE #2	VE #3

License Check		
VE #1	VE #2	VE #3

Comments