

FCC APPLICATION FORM 605 FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE
FOR USE IN THE VEC PROGRAM



GREATER LOS ANGELES AMATEUR RADIO GROUP

SECTION 1. TO BE COMPLETED BY APPLICANT.

PLEASE PRINT LEGIBLY

1. LAST NAME & Suffix	2. FIRST NAME & Middle Initial(s)	3. Call Sign (upgrades only)	4. FRN (10 Digits) or SSN (9 Digits)
5. Mailing Address (Number & street or PO Box)		6. City (Do Not Abbreviate)	7. State
9. Daytime Phone	10. Email		This form is for individual license only and NOT for Club or Military Station license.

- I REQUEST TO BE EXAMINED ON ELEMENT (S): ADMIN (No Test Req'd) 2-TEC 3-GEN 4-EXT
- CHANGE name and/or address on existing License Grant to agree with the data above.
- CHANGE my call sign systematically. Initials _____ RENEW my License (Less than 90 days remaining)

Applicant Certification Statement:

- * The applicant waives any claim to the use of any particular frequency or electromagnetic spectrum as against the regulatory power of the U.S. because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- * The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application and are true, complete, and correct and made in good faith.
- * Neither the applicant nor any member thereof is a foreign government or a representative thereof.
- * The applicant certifies that the construction of the station would NOT be an action that is likely to have a significant environmental effect (see Commission's Rules 47 CFR Sec 1.301-1.319 and section 97.13(1))
- * The applicant certifies that they have READ and WILL COMPLY with section 97.13(c) of the Commission's Rules regarding RADIO FREQUENCY (RF) RADIATION SAFETY and the amateur section of OST/OET Bulletin Number 65.

X _____ **Date** _____

Signature of Person Named Above [Do Not Print, Type or Stamp] ----- Attach copies of all documentation of element credit.

SECTION 2. TO BE COMPLETED BY 3 ADMINISTERING VES

Session ID	City, State ZIP of exam location	Session date	2-TEC	3-GEN	4 EXT	CSCE #
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

After Testing, Applicant is qualified for: NONE TECHNICIAN GENERAL ADVANCED EXTRA

I/we certify that I/we have complied with the administering VE requirements in part 97 of the Commission's Rules and with the instructions provided by the coordinating VEC.

VE's NAME (as shown on License)	VE's CALL SIGN	SIGNATURE (Do not Print, Type or Stamp)	DATE SIGNED

SECTION 3. FOR COORDINATING VEC USE ONLY

VEC RECEIPT DATE	HOLD APPLICATION FOR:	PENDING FILE #	ULS FILENAME
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DO NOT SUBMIT THIS FORM DIRECTLY TO THE FCC