



# GREATER LOS ANGELES AMATEUR RADIO GROUP

## ACCREDITATION AS A VOLUNTEER EXAMINER

Name as shown on your license: \_\_\_\_\_

Nickname (will be shown on your VE Badge): \_\_\_\_\_

Call Sign: \_\_\_\_\_

Class of license: (G/A/E): \_\_\_\_\_

License Expiration Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Telephone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Have you ever had your accreditation revoked by a VEC or had a VEC refuse to coordinate an examination session where you were an administering VE? Yes/No \_\_\_\_\_  
If yes, please attach an explanation of the circumstances.

FCC Part 97 rules are posted on [www.ncvec.org](http://www.ncvec.org). I certify that I have read and understand FCC Part 97, Subpart F, governing Volunteer Examinations, and that I will abide by these rules. I will also abide by instructions provided by the chairman of the Greater Los Angeles Amateur Radio Group VEC (GLAARG VEC) verbally, in writing, or on GLAARG Form 202, the Request to hold a VE Session.

Signed: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail this completed form and a self-addressed, stamped envelope to:

R.M. Stuber N6LGO  
GLAARG VEC Accreditation  
13201 Millrace St  
Sun Valley, CA 91352

E-mail: [accreditation@glaarg.org](mailto:accreditation@glaarg.org) Phone: (818) 988-7165 [9:00am to 11:00am daily]

**Date Accredited:** \_\_\_\_\_ **VE # Assigned:** \_\_\_\_\_