



# GREATER LOS ANGELES AMATEUR RADIO GROUP

## ACCREDITATION AS A VOLUNTEER EXAMINER

**Official Name:**

(as your name is listed in the FCC database) \_\_\_\_\_

Preferred Name (if blank, first name will be used): \_\_\_\_\_

FRN: \_\_\_\_\_ Call Sign: \_\_\_\_\_ Phone: \_\_\_\_\_

License Class: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

**New** application for accreditation or an **Update** of your existing information? \_\_\_\_\_

If this is a "New" application, what is the call sign of your sponsor? \_\_\_\_\_

If this is an "Update" application, what is your GLAARG VE number? \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box (if used): \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_

ZIP or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Time Zone: \_\_\_\_\_

Maidenhead Grid Location: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Second Language: \_\_\_\_\_

Other Languages you can speak, read, and write in: \_\_\_\_\_

I am at least 18 years of age and intend to help with licensing examinations (yes or no): \_\_\_\_\_

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 or 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)

Print and sign this form. Send us the hand-signed version of this form. If you are e-mailing it, scan or photograph the signed form, and send the clear legible image to us (send an image file, **not a PDF**):

If e-mail, send it to [acc@glaarg.org](mailto:acc@glaarg.org)

If as a letter, send it to:

If no response within 5 days, please resend it.

GLAARG Accreditation  
c/o Jim Gallacher

P.O. Box 7443, Redlands, Ca 92375

OFFICE USE ONLY

Date Accredited: \_\_\_\_\_

GLAARG VE#: \_\_\_\_\_

## Help for completing this application

*(This page does not have to be submitted)*

### DIRECTIONS

If possible, type in your answers before printing your application. Handwritten applications are more difficult to read. Many errors in the accreditation information are due to writing that is not clear.

**Official Name** should be your official name as it shows in your FCC record. This is last name, then first name.

**Preferred Name** should be the name you want to be called. For example, "Bill" instead of "William". If you do not enter anything in "Preferred Name", your first name will be used.

**FRN** is your Federal Registration Number. It shows on your license and is listed in the FCC database.

**Call Sign** is your current call sign. Even if you have a pending change, list what is current.

**Phone** is the number we should use if we need to call you.

**License class** is either "General", "Advanced", or "Amateur Extra" (simply Extra is allowed).

**License Expiration** is the date your current license will expire.

Enter "**New**" if this is your application to become an accredited Volunteer Examiner with GLAARG. Enter "**Update**" if this is to change some information of your existing accreditation. Renewals do not require a form.

If this is a new application, fill in the call sign of the Sponsor or Session Manager you expect to be working with, or of the person that referred you. All new VE's need someone to work with.

If this is an update, enter your GLAARG VE number. If you are not sure what your number is, leave this blank.

**Street Address** is your actual location. Your address does not need to match FCC database.

**P.O. Box** is optional. Fill in your box number if you use one. You can list both a street address and a P.O. Box.

**City and State or Province** is your location. Enter the city and the state or province your address is for.

**ZIP or Postal code** is for your mailing address. If your ZIP code begins with a zero, we must have your full (9-digit) ZIP. If you are out of the U.S. the initials of your country will be added before your postal code.

**Country** is the nation you are in (USA, Canada, etc.). *NOTE: This is country, not county.*

**Time Zone** is the time where you are. This is important so we do not call you at the wrong time of day.

**Maidenhead Grid Location** is entered if you know it. If this is left blank, we will look it up and fill it in for you.

**E-Mail** address is very important. Please submit your application using the correct e-mail address.

**Preferred Language** is your first or primary language. This does not have to be English.

**Second Language** and **Other Languages** would be anything you can speak, read, and write in. We currently offer testing in both English and Spanish but it is nice to know how else you can communicate.

### CERTIFICATIONS

Certify that you are at least 18 years old and that you will be helping with licensing exam sessions.

Certify if you have had or have not had your accreditation revoked by a VEC, or had or have not had a VEC refuse to coordinate an exam session where you participated.

Print this completed form, then sign it. Your signature needs to be handwritten.

Send us a good image of the signed form. Low quality images may be rejected. The image you submit is used for the accreditation form that we send back to you so it needs to be a good image. Reasons for rejecting your image may include poor lighting, twisted or skewed images, and low-resolution images (file size should be at least 1 mb). Do not send a "small" image. An image file is a .jpg, .png, .heic, .tif, or another picture-based file. A PDF is not an image file and will cause a delay in processing your application. We recognized that some scanners will only save a file as a PDF so these filetypes are not rejected.

All applications are processed soon after receipt. If you have not received a response within five (5) days of when you e-mailed it, please resubmit your application. If no response after ten (10) days, send it to [info.glaarg@gmail.com](mailto:info.glaarg@gmail.com). Mailing an application will cause a delay. Please allow up to fifteen (15) days for processing a mailed application. You may e-mail to check on the application status.