DXCC AWARD APPLICATION

(Required with Each New Submission and Endorsements)

I am applying for the following DXCC award(s)/ endorsements:

☐ **New Award(s)** _____

☐ **Endorsement(s)** _____

☐ **I have submitted an application via LoTW**

# of QSL cards enclosed_____

# of QSOs _____

Use post-it note on multiple QSO cards if you do not need all QSOs Cards must be sorted as noted on the guidelines on the Record Sheet.
See http://www.arrl.org/dxcc-faq/) for complete Application instructions

Current DXCC fees are shown at: www.arrl.org/dxcc

- The use of a current DXCC application form is required
- Do not use this form for plaque or pin orders
- Return postage is required for the return of cards, paperwork returns and all written requests.
- DXCC accepts most credit cards. If you are not sure of the correct charges, you should use a credit card. This will allow us to charge the exact amount. You must clear previous balances (per your last credit slip) with this submission in order to avoid delays.
- **DXCC cannot bill you.**

"I affirm that I have observed all DXCC rules as well as all governmental regulations established for Amateur Radio in my country. I understand that ARRL is not responsible for cards handled by DXCC Card Checkers and will not honor any claims. I agree to be bound by the decisions of the ARRL Awards Committee and that all decisions of the ARRL Awards Committee are final."

Call Sign: _____

Ex Calls:_____

Name: _____
First Last

Mailing Address:

_____

_____

_____
(City, State/Zip, Country)

↑ This is where your cards, paperwork, & certificates will be shipped ↑

Check here if this is a new address

Name as to Appear on Certificate:

_____
(Print name exactly as you want it to appear on certificate)

Telephone #: _____

Email: _____

☐ **Diamond Club Level (if applicable):**
(Level 4 or higher-free, only, DXCC)

Return My QSL Cards Via: *
☐ Registered Mail **(Recommended)** ☐ Certified (US only)
☐ First Class (US) ☐ First Class Int (Foreign)
☐ Fedex
* **If left blank, we will ship via Registered Mail at your expense**

Applicant Signature (REQUIRED) **Callsign** **Date** **ARRL Membership Expiration Date**

Send application forms, QSL cards, fees, and return postage to: DXCC Desk, ARRL HQ, 225 Main Street, Newington, CT 06111, U.S.A. For questions or clarifications, please write to the DXCC Desk at the above address, or via e-mail to **dxcc@arrl.org** To confirm the receipt of your application, go to this link: **http://www.arrl.org/dxcc-applications-received** The DXCC Desk can also be contacted as follows: Telephone: 860-594-0234, Fax: 860-594-0346 (24 hour direct line to ARRL HQ). For complete program information, please visit the DXCC web site at: **www.arrl.org/dxcc**

For ARRL DXCC Card Checker Use Only

I affirm that I have personally inspected the confirmations and verify that this application is accurate.

Card Checker Signature **Callsign** **Date**

DXCC Card Checkers must forward the application and fees to HQ within 2 working days.
FIELD CHECKED APPLICATIONS MUST BE SUBMITTED ONLY BY CARD CHECKERS.

Payment Details

☐ Check or Money Order Enclosed in the Amount of $_____

☐ Credit Card # _____ Expiration Date: _____

Name as it appears on credit card: _____