

Card #____

QRP DXCC AWARD APPLICATION

(Required along with attached QSO list)

Directions: Please print clearly. (Number attached pages) Do not include QSL cards with this application. Call Sign Ex-Calls First Mailing Address _____ (Number and Street) (City, State/Country, ZIP) ↑ This is where your certificate will be sent ↑ Name (Print name clearly exactly as you want it to appear on certificate) "With my signature below, I affirm that I have observed all DXCC rules as well as all pertinent governmental regulations established for Amateur Radio in my country. I affirm that all contacts for this award have been made using a transmitter power of 5 watts or less. I agree to be bound by the decisions of the ARRL Awards Committee, and that the decisions of the ARRL Awards Committee shall be final." Signature Callsign Date Send application forms and fee to: DXCC Desk, ARRL HQ, 225 Main Street, Newington, CT 06111, USA Telephone: 860-594-0234 Fax: 860-594-0346 (24 hour direct line to ARRL HQ) Email: dxcc@arrl.org web: www.arrl.org/awards/dxcc Thank you for your cooperation and Good DX! **QRP DXCC Program Rules** 1) The QRP DXCC Award certificate is given for working 100 different DXCC entities on the DXCC List while operating with a transmitter power of 5 watts or less. 2) Applications will be accepted beginning January 2, 2002. Contacts may have been made at any time since November 15, 1945. This award is not endorseable. Certificates will be dated, not numbered. 4) The applicant must certify the authenticity of log information for contacts with 100 entities using 5 watts or less. No QSL cards are required for this award. This award is separate and distinct from the traditional DXCC award program. Credits are not 5) assigned to other DXCC awards. This award is available to all Amateur Radio operators anywhere in the world. The standard DXCC rules apply to this award. 7) 8) The award application and an alpha-numeric list of 100 contacts is required in order to facilitate processing. 9) The fee for this award is \$10. This includes all postage and handling fees. 10) Faxed and web applications must be accompanied by a credit card number for payment. PAYMENT DETAILS __ Check or Money Order Enclosed in the Amount of \$ _____ or Name as it appears on credit card:

Exp Date: _____