



ARRL Extra Class Certificate Program



Please print clearly.

Complete this form online and e-mail to award@arrl.org

Name: _____ Callsign: _____

(Note exactly as to appear on certificate)

Address _____

(City, State, Zip Code and DXCC entity)

↑ This is where your certificate will be sent ↑

Click button above and send form to award@arrl.org

Extra Class License Issue Date: _____

Signature

Callsign

Date

Send application forms and fee to:

ARRL HQ Awards Branch
225 Main Street
Newington, CT 06111, USA

Telephone: 860-594-0234

Fax: 860-594-0346 (24 hour direct line to ARRL HQ)

E-Mail: extra_class@arrl.org (You can E-Mail this form to ARRL as a file attachment)

Web Site: <http://www.arrl.org/extra-1>

FEES:

\$12.00 for ARRL members

\$14.00 for non-ARRL members

(Fees include first class mail postage)

PAYMENT DETAILS

_____ Cash, Check or Money Order enclosed in the amount of \$ _____

Name as it appears on credit card: _____

Card # _____

Exp Date: _____