

FIELD EXAM ACTIVITY REPORT

Amateur Radio Emergency Communications Training Program

ACTIVITY SITE: _____ ACTIVITY DATE: ___/___/___

CEP EXAM SESSION ID # _____

	EC-001			TOTAL
PASSED				
FAILED				
TOTALS				

Activity Fee Summary

	FEE		# OF CANDIDATES	TOTAL
EXAM FEES COLLECTED	\$15	x		\$
AMOUNT OF EXPENSE REIMBURSEMENT RETAINED BY THE EXAMINER TEAM: (UP TO \$7 PER EXAMINEE)	(UP TO \$7)	x		\$()
TOTAL FEES TRANSMITTED TO ARRL				\$

LIST REGISTERED CEP PARTICIPATING EXAMINERS - PLEASE PRINT INFORMATION BELOW AND SIGN :

<p>1. EXAMINER NAME, CALL SIGN (PLEASE PRINT)</p> <p>_____</p> <p>EMAIL _____</p> <p>_____</p>	<p>SIGNATURE _____</p> <p>PHONE # _____</p> <p>_____</p>
<p>2. EXAMINER NAME, CALL SIGN (PLEASE PRINT)</p> <p>_____</p> <p>EMAIL _____</p> <p>_____</p>	<p>SIGNATURE _____</p> <p>PHONE # _____</p> <p>_____</p>

Mail exam session documents and this report to: ARRL Continuing Education Program (CEP)
225 Main Street, Newington, CT 06111-1494

EXAMINER TEAM: KEEP A COPY FOR YOUR RECORDS

