

# NCVEC QUICK-FORM 605 APPLICATION AMATEUR OPERATOR/PRIMARY STATION LICENSE

SECTION 1 - TO BE COMPLETED BY APPLICANT				PLEASE PRINT LEGIBLY!
PRINT LAST NAME	SUFFIX (Jr., Sr.)	FIRST NAME	M.I.	STATION CALL SIGN (IF ANY)
MAILING ADDRESS (Number and Street or P.O. Box)				FEDERAL REGISTRATION NUMBER (FRN)
CITY	STATE CODE	ZIP CODE (5 or 9 Numbers)		
DAYTIME TELEPHONE NUMBER (Include Area Code)		E-MAIL ADDRESS (MANDATORY TO RECEIVE LICENSE NOTIFICATION EMAIL FROM FCC)		

**Basic Qualification Question: \*ANSWER REQUIRED IN ORDER TO PROCESS YOUR APPLICATION\***

Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court?  YES  NO

If "YES", see "FCC BASIC QUALIFICATION QUESTION INSTRUCTIONS AND PROCEDURES" on the back of this form.

I HEREBY APPLY FOR (Make an X in the appropriate box(es)):

- EXAMINATION for a new license grant
- EXAMINATION for upgrade of my license class
- CHANGE my name on my license to my new name

- CHANGE my mailing address to above address
- CHANGE my station call sign systematically
- RENEWAL of my license grant

Applicant's Initials: To confirm \_\_\_\_\_

Former Name: \_\_\_\_\_  
(Last name) (Suffix) (First name) (MI)

Exp. Date: \_\_\_\_\_

Do you have another license application on file with the FCC which has not been acted upon?	PURPOSE OF OTHER APPLICATION	PENDING FILE NUMBER (FOR VEC USE ONLY)
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**I certify that:**

- I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise;
- All statements and attachments are true, complete and correct to the best of my knowledge and belief and are made in good faith;
- I am not a representative of a foreign government;
- I am not subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862;
- The construction of my station will NOT be an action which is likely to have a significant environmental effect (See 47 CFR Sections 1.1301-1.1319 and Section 97.13(a));
- I have read and WILL COMPLY with Section 97.13(c) of the Commission's Rules regarding RADIOFREQUENCY (RF) RADIATION SAFETY and the amateur service section of OST/OET Bulletin Number 65.

**Signature of Applicant:** *\*By typing your name below, you are signing this form electronically. Understand that your electronic signature is legally binding, as if you had physically signed the document by hand.*

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VES

Applicant is qualified for operator license class:

- NO NEW LICENSE OR UPGRADE WAS EARNED
- TECHNICIAN      Element 2
- GENERAL            Elements 2 and 3
- AMATEUR EXTRA    Elements 2, 3 and 4

DATE OF EXAMINATION SESSION
EXAMINATION SESSION LOCATION
VEC ORGANIZATION
VEC RECEIPT DATE

**I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIREMENTS IN PART 97 OF THE COMMISSION'S RULES AND WITH THE INSTRUCTIONS PROVIDED BY THE COORDINATING VEC AND THE FCC.**

*\*By typing your name below, you are signing this form electronically. Understand that your electronic signature is legally binding, as if you had physically signed the document by hand.*

1st VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name)	DATE SIGNED
2nd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name)	DATE SIGNED
3rd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name)	DATE SIGNED

**DO NOT SEND THIS FORM TO FCC – THIS IS NOT AN FCC FORM.  
IF THIS FORM IS SENT TO FCC, FCC WILL RETURN IT TO YOU WITHOUT ACTION.**