



**WRITTEN ELEMENT  
EXAMINATION  
ANSWER SHEET**

**THIS BOX IS FOR VE USE ONLY**

Number \_\_\_\_\_ VE Initials: \_\_\_\_\_  
 Correct: \_\_\_\_\_ # 1 \_\_\_\_\_  
 Passed  # 2 \_\_\_\_\_  
 Failed  # 3 \_\_\_\_\_

**CANDIDATE INFORMATION**

*Please provide all information requested.  
 Print clearly and legibly. Failure to do so may  
 delay the processing of your application.*

Circle Element Number:      2      3      4

Test Design or Serial #  
 From Test Booklet \_\_\_\_\_

\_\_\_\_\_  
 Your Name (Print Clearly)

\_\_\_\_\_  
 Call Sign and License Class (if none, write none)

\_\_\_\_\_  
 FCC Registration Number (FRN)

\_\_\_\_\_  
 Your Complete Mailing Address (Street or Post Office Box #)

\_\_\_\_\_  
 Your City, State/Country and Zip Code/Postal Code

Phone (day): \_\_\_\_\_ (night): \_\_\_\_\_

Test Site (City, State) \_\_\_\_\_

Date of test: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO PASS:**

<u>Element</u>	<u>Class</u>	<u>Questions</u>	<u>Min. Right</u>	<u>Max. Wrong</u>
2	Technician	35	26	9
3	General	35	26	9
4	Extra	50	37	13

**"X" or BLACKEN the correct letter.**

- 1. A B C D
- 2. A B C D
- 3. A B C D
- 4. A B C D
- 5. A B C D
- 6. A B C D
- 7. A B C D
- 8. A B C D
- 9. A B C D
- 10. A B C D
- 11. A B C D
- 12. A B C D
- 13. A B C D
- 14. A B C D
- 15. A B C D
- 16. A B C D
- 17. A B C D
- 18. A B C D
- 19. A B C D
- 20. A B C D
- 21. A B C D
- 22. A B C D
- 23. A B C D
- 24. A B C D
- 25. A B C D
- 26. A B C D
- 27. A B C D
- 28. A B C D
- 29. A B C D
- 30. A B C D
- 31. A B C D
- 32. A B C D
- 33. A B C D
- 34. A B C D
- 35. A B C D
- 36. A B C D
- 37. A B C D
- 38. A B C D
- 39. A B C D
- 40. A B C D
- 41. A B C D
- 42. A B C D
- 43. A B C D
- 44. A B C D
- 45. A B C D
- 46. A B C D
- 47. A B C D
- 48. A B C D
- 49. A B C D
- 50. A B C D