



**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)

 Your Social Security Number or Your FCC Federal
 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.

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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
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