SESSION REGISTRATION / REQUEST FOR EXAM MATERIALS
SEND TO ARRL VEC AT LEAST FOUR WEEKS IN ADVANCE OF THE SESSION IF SUPPLIES ARE NEEDED.

THE COORDINATING VEC FOR THE FOLLOWING EXAM SESSION WILL BE: ________________________________
(Please include the name of your coordinating VEC. If this is NOT an ARRL VEC test session, ignore everything after item 6.)

1. EXAM DATE(S): ________________________________ TIME (local): ________________________________
(List all dates if the session will extend over a period of two or more adjacent dates, such as a weekend-long series of sessions at a convention.)

2. WILL WALK-IN CANDIDATES BE ACCEPTED? ☐ YES ☐ NO

3. SESSION SPONSOR: ________________________________________________
(name of club, hamfest, convention, group of VEs, or unsponsored)

4. ADDRESS OF EXAM SITE: (Be sure to include building name or room number(s) sufficient to give candidates directions to the site.)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
CITY __________________________ STATE _______ ZIP __________

5. VE TEAM CONTACT PERSON's ADDRESS: (This person will receive inquiries and applications from candidates and non-sensitive supplies from the VEC, and does not have to be an accredited VE. Exam papers will be sent only to the VE Team Liaison, named below.)
NAME: ____________________________________________ CALL SIGN (if any): ________________
PHONE: (Candidates will call this number for exam session information) (__________) ___________________
CONTACT PERSON’s or TEAM’s EMAIL ADDRESS: _______________________________________
(Candidates will use this for exam session information)
ADDRESS: __________________________________________
__________________________________________________________________________
__________________________________________________________________________
CITY __________________________ STATE _______ ZIP __________

6. VE TEAM LIAISON's MAILING ADDRESS: Is the Liaison the same as Contact Person? ☐ YES ☐ NO
(The VE team liaison (leader) must be an ARRL VEC accredited VE. Extra class VEs may administer Elements 2, 3 and 4; Advanced class VEs are limited to Elements 2 and 3; General class are limited to Element 2; at the exam session.)
NAME: __________________________________________
CALL: ______________________________________ LICENSE CLASS (check one): ☐ Extra ☐ Advanced ☐ General
PHONE: (__________) __________________________ EMAIL: __________________________
STREET ADDRESS (not a PO Box): ______________________________________________
__________________________________________________________________________
__________________________________________________________________________
CITY __________________________ STATE _______ ZIP __________
7. HAS THE VE TEAM BEEN FIELD-STOCKED WITH MATERIALS?  ☐ YES  ☐ NO  ☐ Team has exam software
To see if your VE Team qualifies to be Field-Stocked with exam materials visit www.arrl.org/field-stocked-ve-teams.

8. WILL THE VE TEAM BE USING THE ARRL VEC EXAM GENERATING SOFTWARE?  ☐ YES  ☐ NO
Download the ARRL VEC EXAM MAKER Software on the web at www.arrl.org/ve-exam-maker-software.
Follow the VE Exam Maker log-in, install and download instructions.

9. LIST BY EXAM ELEMENT THE QUANTITY THAT WILL BE NEEDED FOR THIS SESSION:
If you would like to receive a second (different) version of the exams, please indicate how many you will need in the appropriate boxes: see example box (20 of one version and 5 of a second version.)

<table>
<thead>
<tr>
<th>EXAMPLE Element 2</th>
<th>Technician Class Exam Element 2</th>
<th>General Class Exam Element 3 *</th>
<th>Extra Class Exam Element 4 **</th>
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</thead>
<tbody>
<tr>
<td>20</td>
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<tr>
<td>Optional 2nd Version</td>
<td>Optional: 2nd Version</td>
<td>Optional: 2nd Version</td>
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</tr>
<tr>
<td>Element 2</td>
<td>Element 2</td>
<td>Element 3 *</td>
<td>Element 4 **</td>
</tr>
<tr>
<td>5</td>
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</tbody>
</table>

*** Element 4 can be administered only by Extra class VEs.
* Element 3 can be administered only by Extra or Advanced class VEs.

10. FOR QUICK AND EASY EXAM GRADING WOULD YOU LIKE TO RECEIVE THE BLUE HOLE-PUNCHED TRANSPARENT OVERLAY-GRADING TEMPLATES?  ☐ YES  ☐ NO

11. WHAT MAIL SERVICE ENVELOPES WILL YOU NEED TO RETURN THE COMPLETED SESSION?
(We will provide your team with postage-paid address labels (air-bills) and envelopes for that service.)

US Postal Service First Class Mail ☐  Other: ____________________________ ☐  Previously stocked ☐

12. LIST QUANTITY OF ANY ADDITIONAL SUPPLIES YOU NEED:

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<td>Candidate Roster Forms</td>
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<td>C.S.C.E. (Certificate of Successful Completion of Examination)</td>
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<td>Written Element Answer Sheets</td>
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<td>Other:</td>
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