



ARRL VEC, 225 Main Street, Newington, CT 06111
 Phone: 1-860-594-0300 web: arrl.org/arrlvec

VOLUNTEER EXAMINER APPLICATION FORM

PLEASE Type or Print Clearly in Ink

(check one)

- General
- Advanced
- Extra

Call Sign: _____

License Expiration Date: _____

Name: _____
 (first, MI, last)

Mailing address (street or POB): _____

City: _____ State: _____ ZIP: _____ Country: _____

Day phone: (____) _____ Night phone: (____) _____ Email address: _____

Has your FCC license ever been suspended or revoked? YES NO

Have you ever been discredited by another VEC? YES NO

If yes, which VEC(s) and when? _____

Do you have a call sign change (or Vanity call sign) pending with the FCC? YES NO

Do you have any Form 605 application pending with the FCC? YES NO

Who can we contact to reach you, if you cannot be reached? _____
 (name) (phone)

For Instant Accreditation, have you participated as a VE in another VEC program
 and is your accreditation in that program current? YES NO

If yes, which VEC coordinated the test session? (enter VEC name here) _____

You **MUST** attach a copy of your credentials from that VEC to this form as proof.

CERTIFICATION

*By signing this Application Form, I certify that to the best of my knowledge
 that the above information AND the following statements are true:*

- 1) I am at least 18 years of age.
- 2) I agree to comply with the FCC Part 97 Amateur Radio Service Rules, especially Subpart F (§97.509).
- 3) I agree to comply with examination procedures established by the ARRL as Volunteer Examiner Coordinator.
- 4) I understand that the ARRL as my coordinating VEC, or I as an accredited ARRL VE, may terminate this relationship at any time, with or without any reason or cause.
- 5) I understand that violation of the FCC Rules or willful noncompliance with the VEC will result in the loss of my VE accreditation, and could result in loss of my Amateur Radio operator or station licenses, or both.
- 6) I understand that, even though I may be accredited as a VE, if I am not able or competent to perform certain VE functions required for any particular examination, I should not administer that examination (§97.525).

 (signature)

 (call sign)

 (date)

Look over your form for completeness, make sure it is signed and then send it or fax it to the ARRL VEC.
 If *instant accreditation* is sought, you **MUST** indicate which VEC program you served as an administering VE and attach a copy of your other VEC credentials to this application. Otherwise your application *must include your completed open-book review.*