ARRL The National Association for Amateur Radio®

DXCC AWARD APPLICATION

(Required with Each New Submission and Endorsements)

| I am applying for the following DXCC award(s)/ Endorsement(s): | | Call Sign: | | |
|--|---|---|--|----------------------|
| | | | | |
| Note: If applying for RTTY, check here If applying for Digital, check here | | Mailing Ad | First | Last |
| Endorsement(s) | | | | |
| # of QSL cards enclosed # of QSOs | | | | |
| Use post-it notes on multiple QSO cards if you do not need all QSOs. Cards must be sorted as noted on the guidelines on the DXCC Record Sheet . See http://www.arrl.org/dxcc-faq/ for complete application instructions. Current DXCC fees are shown at: | | (City, State/Zip, Country) † This is where your cards, paperwork, & certificates will be shipped † | | |
| | | Check here if this is a new address | | |
| | | Name as to appear on certificate: | | |
| www.arrl.org/dxcc | | (Print name exactly as you want it to appear on certificate) | | |
| The use of a current DXCC application form required. | Telephone #: | | | |
| Return postage is required for the return of cards, paperwork returns and all written requests. DXCC accepts most credit cards. If you are not sure of the correct charges, you should use a credit card. This will allow us to charge the exact amount. You must clear previous balances (per your last credit slip) with this submission in order to avoid delays. DXCC cannot bill You. Current fee schedule located at: http://www.arrl.org/dxcc-awards-fees | | Email: | | |
| | | Return My QSL Cards Via: United States Shipping: Foreign Shipping: | | |
| | | | | |
| Applicant Signature (REQUIRED) C | allsign | Date | ARRL Membership Expira | ation |
| Send application forms, QSL cards, fees, and return U.S.A. For questions or clarifications, please write dxccadmin@arrl.org. To confirm the receipt of you received. The DXCC Desk can also be contacted as 860-594-0346. For complete program information, http://www.arrl.org/dxcc-card-checker-master-lumber of the complete program information and the complete program information are selected. For ARRL I affirm that I have personally inspected the complete program in the complete program | to the DXCC Desk r application, go to s follows: Telephon please visit the DX list to locate your s | at the above a to this link: http de: 860-594-020 CCC web site at nearest DXCC | ddress, or via e-mail to p://www.arrl.org/dxcc-applica 00 (24 hour direct line to ARRL t: http://www.arrl.org/dxcc card checker. Only | ations- HQ), Fax: |
| Card Checker Signature Callsign | | n | Date | |
| DXCC Card Checkers must forward the application | and fees to HQ wi | ithin 2 working | g days. FIELD CHECKED APPI | ICATIONS |
| MUST BE SUBMITTED ONLY BY CARD CHECKE | - | | | |
| Check or Money Order Enclosed in the Amoun Credit Card # | nt of \$ Expiratio | n Date: | CVV Code: | |