



RADIO AND TELEGRAPH CONTROL ACT

Application for Amateur Radio Station Licence

PLEASE TYPE OR PRINT

Name of Applicant:	.....
Address:	..... .....
Contact Number:	.....
Nature of Business/Profession:	.....
Nationality:	.....
Date of Birth:	.....
Radio Operator's Certificate Held:	.....
Class of Station Licence applied for:	.....
Class of Station Licence previously held:	.....
Proposed location of Station:	.....

Please attach a copy of your recorded transmission over the last 12 consecutive months. (Class A Applicants only)

Signature of Applicant:

Date: