

FRN# _____ **Laurel Amateur Radio Club VEC** Email _____

Date ___/___/___ Test Location Site _____ Control Nbr _____

Name _____ Current License Class _____

Address _____ Call Sign _____

City _____ State _____ Zip _____ Telephone _____

	Technician (El.#2)	General (El. #3)	Extra (El. #4)	ID Check
Test(s) Desired				VE #1 _____
Current Priv.			N/A	VE #2 _____
CSCE (dates)	___/___/___	___/___/___	N/A	VE #3 _____
Pass/ Fail	VE #1 _____ VE #2 _____ VE #3 _____	VE #1 _____ VE #2 _____ VE #3 _____	VE #1 _____ VE #2 _____ VE #3 _____	

Class of Certificate Earned: No Operating Priv. ___; KT ___; AG ___; AE ___

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