

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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