|  |  |
| --- | --- |
| **Name:** |  |
| **Call Sign:** |  |
| **Mailing Address:** |  |
| **City, State, ZIP code:** |  |
| **e-mail address(es):** |  |
| **Home phone number:** |  |
| **Work phone number:** |  |
| **Cell phone number:** |  |
| **License Class:** |  |

**Check bands and modes that you can operate:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MODE** | **HF** | **6 meters** | **2 meters** | **222 MHz** | **440 MHz** | **Others** |  | |
| SSB |  |  |  |  |  |  | | |
| CW |  |  |  |  |  |  | | |
| FM |  |  |  |  |  |  | | |
| DATA |  |  |  |  |  |  | | |
| PACKET |  |  |  |  |  |  | | |
| Other modes  (specify below) |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  | | |
| Mobile  Operation |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  | | |
|  |  |  |  |  |  |  | |  |

**Can your home station be operated without commercial power? Yes  No**

Signature: Date: