

KL7AA

Anchorage Amateur Radio Club, Inc.
PO Box 101987
Anchorage, Alaska, 99510-1987

VOLUNTEER EXAMINER APPLICATION FORM

PLEASE TYPE, OR PRINT CLEARLY IN INK:

NAME: _____ CALL: _____
 First Initial Last

MAILING ADDRESS (line 1) _____

MAILING ADDRESS (line 2) _____

CITY: _____ STATE: _____ ZIP: _____ +4 _____

WORK PHONE: _____ Extn: _____ HOME PHONE: _____

E-MAIL ADDRESS: _____

LICENSE CLASS: _____ EXPIRATION DATE: _____

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? _____

ARE YOU CERTIFIED BY ANY OTHER VEC? (Give name) _____

CERTIFICATION

1. I agree to comply with the FCC rules, and all terms and conditions set forth in the VEC manual
2. I agree to comply with the examination procedures set forth by the Anchorage ARC VEC Board
3. I understand this accreditation is only valid in the State of Alaska
4. I am at least 18 years of age
5. I agree to indemnify and hold harmless the Anchorage Amateur Radio Club, Inc., and it's agents for any action which it may take on my VE accreditation application, or in the event that my accreditation is withdrawn at a later date, regardless of cause, reasons, or circumstances.
6. I understand that violation of the FCC rules or willful non-compliance with the VEC will result in the loss of my VE accreditation, and could result in loss of my Amateur Radio operator and station licenses.

By my signature below, I certify that I have read and understand these requirements, and that all statements I have made herein are true.

Signature of applicant

Date

Approvals: Signatures of 3 members of the Anchorage ARC VEC Board, with callsigns:

DATE APPROVED