## **Laurel VEC Applicant Registration Form**

| Session Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        | Session Date    | Session Date |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------|--------------|----------------|
| Applicant Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                 |              |                |
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Suffix | First Name M.I. |              |                |
| Street Address PO Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                 |              |                |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                 |              |                |
| Telephone (Optional) E-Mail Address (Optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |                 |              |                |
| FCC Registration Number (FRN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                 |              |                |
| <ul> <li>Have you ever been convicted of a felony in any state or federal court? No Yes</li> <li>You MUST answer the above question if you are applying for a new license, upgrading an existing license, or applying for a call sign change.</li> <li>DO NOT answer the above question if all you are doing is renewing your license, changing your name, or changing your mailing address.</li> <li>If you answer "Yes", then you must provide an explanation of the conviction to the FCC via mail or e-mail before your application will be processed by the FCC. If you fail to provide the explanation within 14 days, your application will be dismissed.</li> </ul> |        |                 |              |                |
| Do you have another license application on file that has not been acted upon?       No       Yes         If yes, what is the purpose of the other application? (Check all that apply)       New License       Upgrade License Class       Vanity Call Sign         Renew License       Change Name or Address       Change Call Sign Systematically         Application File Number                                                                                                                                                                                                                                                                                         |        |                 |              |                |
| Current License Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |                 |              |                |
| Call Sign Class: Expiration Date (MM/DD/YYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                 |              |                |
| Desired Exams/Actions (Check All That Apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                 |              |                |
| Technician Exam (Element 2)       General Exam (Element 3)       Amateur Extra Exam (Element 4)         Renew License       Change Name       Change Address       Change Call Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                 |              |                |
| For Volunteer Examiner Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                 |              |                |
| ID Check           VE #1         VE #2         VE #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | VE #            | License      | Check<br>VE #3 |
| Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |                 |              |                |