



PO Box 482 China Grove, NC 28023-0482

W4VEC VOLUNTEER EXAMINER APPLICATION
PLEASE TYPE OR PRINT CLEARLY IN INK

- GENERAL
- ADVANCED
- EXTRA

CALL: _____ LICENSE EXPIRATION DATE _____

NAME: _____
(First, MI, Last)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: (____) _____ NIGHT PHONE: (____) _____

INTERNET EMAIL ADDRESS (if any) _____

WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? YES NO

HAVE YOU EVER BEEN DISCREDITED BY ANOTHER VEC? YES NO

If yes, which VEC(s) and when? _____

PERSON TO CONTACT IF YOU CANNOT BE REACHED? _____
(Name) (Phone)

MAILING ADDRESS WHERE UPS OR DAYTIME DELIVERY IS RELIABLY POSSIBLE:

(Name) (Street address) (City) (State) (Zip)

FOR INSTANT ACCREDITATION, HAVE YOU PARTICIPATED AS A VE IN ANOTHER VEC PROGRAM, AND IS YOUR ACCREDITATION IN THAT PROGRAM CURRENT? YES NO
IF YES, WHICH VEC? _____

CERTIFICATION

By signing this Application Form, I certify that to the best of my knowledge the above information AND the following statements are true.

- 1) I am at least 18 years of age.
- 2) I agree to comply with the FCC Rules- (see especially Subpart F)
- 3) I agree to comply with examination procedures established by the W4VEC as Volunteer Examiner Coordinator.
- 4) I understand that violation of the FCC Rules or willful noncompliance with the VEC will result in the loss of my VE accreditation, and could result in the loss of my Amateur Radio operator and/or station licenses, or both.
- 5) I understand that even though I may be accredited as a VE, if I am not able or competent to perform certain VE functions required for any particular examination, I should not administer that examination. (Section 97.525 [a][3]).

(Signature) (Call Sign) (Date)

(Please attach a photocopy of your Amateur Radio license, and if applicable a photocopy of any other VEC accreditation held, to this application.)