



Application for Amateur Radio Operator's Certificate

THE RADIO TELEGRAPH CONTROL ACT

Application for Amateur Radio Operator's Certificate

Name of Applicant:

TRN #:

Address:

Contact No.:

Email Address:

Nationality:

Certificates Held:

(certified copy to be provided)

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Class of Certificate Applied for:

Class C

Class B

Class A

Applicant's Signature:

Date:

For SMA use only

Vetting Form

Application Fee

Copy of 'Other' Certificates

Examination Passed