

ST. LUCIA NATIONAL TELECOMMUNICATIONS REGULATORY COMMISSION

Amateur Radio Examination Registration Form

Please indicate:		☐ New Applie	cation	Class Upgrade	
(Please	e complete fully in type o	r block letters)			
PART	'1				
1.1	Contact Details				
1.1.1	Name of applicant:				
1.1.2	Address of applicant:				
1.1.3	Telephone number:				
1.1.4	Fax Number:				
1.1.5	Email address:				
1.1.6	Date of Birth:				
1.1.7	Nationality:				
1.1.8	Form of ID: Passpor	t National ID	School ID	Birth Certificate	Drivers License
1.1.9	Occupation:				
1.1.10	Call Sign:				

PART 11

2.2	License Examination Details				
2.2.1	Class of examination (Select as appropriate)			
	☐ Novice Class	☐ General Class	☐ Advance Class		
Signa	ture of Applicant(s):				
Date:					

OFFICIAL USE ONLY						
Examination Identification Number:#						
Examination Date:						
Examination Level:						
Examiner (s):						
RESULTS:						
☐ Successful ☐ Unsuccessful						
Result Date:						