

NCVEC QUICK-FORM 605 APPLICATION
AMATEUR OPERATOR/PRIMARY STATION LICENSE

SECTION 1 - TO BE COMPLETED BY APPLICANT				PLEASE PRINT LEGIBLY!
PRINT LAST NAME Hamamatsu	SUFFIX (Jr., Sr.)	FIRST NAME Taro	M.I.	AMATEUR RADIO CALL SIGN (IF LICENSED) もしあれば、米国コールサイン
MAILING ADDRESS (Number and Street or P.O. Box) 45 Rockefeller Plaza				FCC REGISTRATION NUMBER (FRN) (MANDATORY) 00XXXXXXXX (10桁)
CITY San Francisco	STATE CODE CA	ZIP CODE 95236		DAYTIME TELEPHONE NUMBER (Including Area Code) 記入不要 Remain Blank
EMAIL ADDRESS (MANDATORY) taro@hamclub.co.jp 必ずFCCに登録したメールアドレスを記入してください This must be the one exactly same as you registered in FCC				
Basic Qualification Question -- *Answer Required in Order to Process Your Application* Has the Applicant or any party to this application, or any party directly or indirectly controlling the Applicant, ever been convicted of a felony by any state or federal court? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", see "FCC BASIC QUALIFICATION QUESTION INSTRUCTIONS AND PROCEDURES" on the back of this form.				

I HEREBY APPLY FOR [Make an X in the appropriate box(es)]: 受験理由に印を付けてください Check one of them

<input type="checkbox"/> EXAMINATION for a new license grant Technician 受験 <input type="checkbox"/> EXAMINATION for upgrade of my license class Upgrade 受験 <input type="checkbox"/> CHANGE my name on my license to my new name Former Name: _____ (Last name) (Suffix) (First name) (MI)	<input type="checkbox"/> CHANGE my mailing address to above address <input type="checkbox"/> CHANGE my station call sign systematically Applicant's Initials To Confirm _____ <input type="checkbox"/> RENEWAL of my license grant Exp. Date: _____
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- I certify that:**
- I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise;
 - All statements and attachments are true, complete, and correct to the best of my knowledge and belief and are made in good faith;
 - I am not a representative of a foreign government;
 - I am not subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862;
 - The construction of my station will NOT be an action which is likely to have a significant environmental effect [See 47 CFR Sections 1.1301-1.1319 and Section 97.13(a)];
 - I have read and WILL COMPLY with Section 97.13(c) of the Commission's Rules regarding RADIO FREQUENCY (RF) RADIATION SAFETY and the amateur service section of OST/OET Bulletin Number 65.

Signature of Applicant:	Fill in this area on the date of exam
X サイン (試験当日記入 英文表記です)	Date Signed: MM/DD/YY (試験当日記入)

SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VEs			
Applicant is qualified for operator license class:		DATE OF EXAMINATION SESSION	
<input type="checkbox"/> NO NEW LICENSE OR UPGRADE WAS EARNED		EXAMINATION SESSION LOCATION	
<input type="checkbox"/> TECHNICIAN	Element 2	VE'S ORGANIZATION	
<input type="checkbox"/> GENERAL	Elements 2 and 3	VEE RECEIPT DATE	
<input type="checkbox"/> AMATEUR EXTRA	Elements 2, 3, and 4		
I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIREMENTS IN PART 97 OF THE COMMISSION'S RULES AND WITH THE INSTRUCTIONS PROVIDED BY THE COORDINATING VEC AND THE FCC.			
1st VE's NAME (Print First, MI, Last, Suffix)	VE's STATION CALL SIGN	VE's SIGNATURE (Must match name)	DATE SIGNED
2nd VE's NAME (Print First, MI, Last, Suffix)	VE's STATION CALL SIGN	VE's SIGNATURE (Must match name)	DATE SIGNED
3rd VE's NAME (Print First, MI, Last, Suffix)	VE's STATION CALL SIGN	VE's SIGNATURE (Must match name)	DATE SIGNED

FOR EXAMINERS USE ONLY