

APPLICATION FORM FOR A RADIO AMATEUR LICENCE (CLASS A OR CLASS B)

Please complete in **BLOCK** letters.

Payment by cheque should be made to the order of the Information and Communication Technologies Authority.

PARTICULARS OF APPLICANT	
Name:.....	Occupation:
Address:.....	
Telephone No.:.....	National Identity Card No.:..... (Please attach a copy of National Identity Card)
Email Address:.....	

REQUIREMENTS
Main Station Address:.....
Secondary Station Address (if any):.....
Licence code/licence requested:
(As specified in the first schedule of the Information and Communication Technologies Act 2001 (as amended))

RADIO AMATEUR QUALIFICATIONS (Photocopies of certificates/previous licence held to be enclosed)
1.
2.
3.
4.
5.

DECLARATION
I agree to comply with any terms, conditions or restrictions which the Information and Communication Technologies Authority may impose and to be bound by the laws and regulations in force.
Applicant's signature:
Signatory's name:
Date:

FOR OFFICE USE

Amount received:..... Licence Registration No:.....

Call Sign:..... Class:.....

Special comments:.....
.....
.....

Date approved: Signature:
For Director of Engineering
(Information & Communication Technologies Authority)