

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE
NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEC REPORT			EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>			1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class	→	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):		→	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number:	→			Exp Date					
D. Examination elements passed that were administered at this session:		→	X			X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:			H. Date of VEC coordinated examination session: 8-4-91							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)			I. VEC Receipt Date: AUG 10 1991 W5YI-VEC P.O. BOX 565101 DALLAS, TEXAS 75256-5101							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))										
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))										
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))										
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only) W5YI-VEC										
G. Examination session location: (VEC coordinated sessions only) Venice, Ca.										

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.

2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.

2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES →	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →	
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	FORMER FIRST NAME MIDDLE INITIAL
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS	
2H. <input type="checkbox"/> CHANGE STATION LOCATION	

3. CALL SIGN (If you checked 2C above, skip items 3 and 4)

4. OPERATOR CLASS OF THE ATTACHED LICENSE:

5. CURRENT FIRST NAME L.	M.I.	LAST NAME Goudchaux-Haliburton	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 11-19-50
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7. CURRENT MAILING ADDRESS (Number and Street) 7338 Lubao Avenue	CITY Winnetka	STATE Ca	ZIP CODE 91306-2914
---	------------------	-------------	------------------------

8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)
7338 Lubao Ave. CITY Winnetka STATE Ca

9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. YES NO

10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. YES NO

11. PURPOSE OF OTHER APPLICATION

12. DATE SUBMITTED (Month, Day, Year)

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED 08/04/91
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ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)		1D. VE'S STATION CALL SIGN	
1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)			
1C. VE'S OPERATOR CLASS: <input type="checkbox"/> GENERAL <input type="checkbox"/> ADVANCED <input type="checkbox"/> AMATEUR EXTRA			
1E. LICENSE EXPIRATION DATE:	1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:		
1G. SIGNATURE: (Must match Item 1A)		DATE SIGNED	

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)		2D. VE'S STATION CALL SIGN	
2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)			
2C. VE'S OPERATOR CLASS: <input type="checkbox"/> GENERAL <input type="checkbox"/> ADVANCED <input type="checkbox"/> AMATEUR EXTRA			
2E. LICENSE EXPIRATION DATE:	2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:		
2G. SIGNATURE: (Must match Item 2A)		DATE SIGNED	

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) Terence M. Pierce 9205		1B. VE'S STATION CALL SIGN: KI6TY	
1C. SIGNATURE: (Must match Item 1A) 		DATE SIGNED: 08/04/91	
2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) Lance B. Ferranti 9804		2B. VE'S STATION CALL SIGN: AB6DB	
2C. SIGNATURE: (Must match Item 2A) 		DATE SIGNED: 08/04/91	
3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) John J. Quinn 6593		3B. VE'S STATION CALL SIGN: KJ6HW	
3C. SIGNATURE: (Must match Item 3A) 		DATE SIGNED: 08/04/91	

Element 1A

Passed 8/9/04
ABM

L. Goodchoux H.A. Burton

08/04/91

THE NAME IS Tom and I am
IN Tennessee.

hsie] ie Tnadu 501 928 3746

The name is Tom and I am
in Tennessee.

10070 Passel Ln. 9804

TD 9205

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print) Name: LESLIE G. HARBURTON

Element: 2 Test Series: 3 Date: 8-4-91 Signature: [Signature]

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
- [16.] A B C D
- [17.] A B C D
- [18.] A B C D
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- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
- [37.] A B C D
- [38.] A B C D
- [39.] A B C D
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- [41.] A B C D
- [42.] A B C D
- [43.] A B C D
- [44.] A B C D
- [45.] A B C D
- [46.] A B C D
- [47.] A B C D
- [48.] A B C D
- [49.] A B C D
- [50.] A B C D

Total Questions	Minimum Correct to pass
NOVICE	Element 2
30	22
TECHNICIAN	Element 3A
25	19
GENERAL	Element 3B
25	19
ADVANCED	Element 4A
50	37
EXTRA CLASS	Element 4B
40	30



47000170000
24

100% Passed Lt. 9804

to 9205

WSVI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print) Name: Leslee G. Hainburton

Element: 3A Test Series: H901 Date: 8-4-91 Signature: [Signature]

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
- [16.] A B C D
- [17.] A B C D
- [18.] A B C D
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- [21.] A B C D
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- [23.] A B C D
- [24.] A B C D
- [25.] A B C D

- [26.] A B C D
- [27.] A B C D
- [28.] A B C D
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- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
- [37.] A B C D
- [38.] A B C D
- [39.] A B C D
- [40.] A B C D
- [41.] A B C D
- [42.] A B C D
- [43.] A B C D
- [44.] A B C D
- [45.] A B C D
- [46.] A B C D
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- [50.] A B C D

Total	Minimum
Quest-	Correct
ions	to pass:
NOVICE	
Element 2	
30	22
TECHNICIAN	
Element 3A	
25	19
GENERAL	
Element 3B	
25	19
ADVANCED	
Element 4A	
50	37
EXTRA CLASS	
Element 4B	
40	30



APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE
NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VE's REPORT				EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/> A				1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class	→	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)		
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):				Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number:	→			Exp Date						
D. Examination elements passed that were administered at this session:				X			X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:				H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)				8-4-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN + (Elements 1(A), 1(B), or 1(C), 2 and 3(A))				AUG 10 1991							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))				W5YI-VEC							
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))				P.O. BOX 565101							
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))				DALLAS, TEXAS 75356-5101							
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)				W5YI-VEC							
G. Examination session location: (VEC coordinated sessions only)				Venice, Cal.							

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.

2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.

2A. <input type="checkbox"/> RENEW LICENSE--NO OTHER CHANGES →	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →	
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible--See Inst. 2E)	FORMER FIRST NAME MIDDLE INITIAL
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS	
2H. <input type="checkbox"/> CHANGE STATION LOCATION	

3. CALL SIGN (If you checked 2C above, skip items 3 and 4)

4. OPERATOR CLASS OF THE ATTACHED LICENSE:

5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year)
Deborah	T.	Purvin		08-29-56

7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
8013 Kentwood Ave	Los Angeles	CA	90045

8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)

same as above

9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. YES NO

10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. YES NO

11. PURPOSE OF OTHER APPLICATION

12. DATE SUBMITTED (Month, Day, Year)

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
<i>Deborah Purvin</i>	08-04-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:
 GENERAL ADVANCED AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:
 GENERAL ADVANCED AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S STATION CALL SIGN:

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S STATION CALL SIGN:

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

3B. VE'S STATION CALL SIGN:

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

10070 Passed J.J. 9864

9205

Delores T Purvin



IA

THE NAME IS TOM AND I AM IN
TENNESSEE.

H S I E O M T N A D U

5 0 1 9 2 8 3 7 4 6

100% Passed LA-9804

4205

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: _____

Element: 2

Test Series: 3

Date: 8-4-91

Signature: _____

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
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- [49.] A B C D
- [50.] A B C D

Total Minimum
Quest- Correct
ions to pass:

NOVICE
Element 2
30 22

TECHNICIAN
Element 3A
25 19

GENERAL
Element 3B
25 19

ADVANCED
Element 4A
50 37

EXTRA CLASS
Element 4B
40 30



-2 Passed Lic. 9804

TA 9205

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print) Name: Deborah T. Purdin

Element: 3A Test Series: H901 Date: 8-4-91 Signature: [Signature]

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
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- [45.] A B C D
- [46.] A B C D
- [47.] A B C D
- [48.] A B C D
- [49.] A B C D
- [50.] A B C D

Total Questions	Minimum Correct to pass
NOVICE	
Element 2	30 22
TECHNICIAN	
Element 3A	25 19
GENERAL	
Element 3B	25 19
ADVANCED	
Element 4A	50 37
EXTRA CLASS	
Element 4B	40 30



APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEs' REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/> A		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class <input checked="" type="checkbox"/> (NT)	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):		Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number:			Exp Date					
D. Examination elements passed that were administered at this session:		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:					H. Date of VEC coordinated examination session:				
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)					8-4-91				
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))					I. VEC Receipt Date:				
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))					AUG 10 1991				
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))					W5YI-VEC				
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))					P.O. BOX 565101				
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)	W5YI-VEC				DALLAS, TEXAS 75356-5101				
G. Examination session location: (VEC coordinated sessions only)	Venice, Ca.								

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.

2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.

2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES <input checked="" type="checkbox"/>	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>	
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	FORMER FIRST NAME MIDDLE INITIAL
2F. <input type="checkbox"/> CHANGE NAME (Give former name) <input checked="" type="checkbox"/>	
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS	
2H. <input type="checkbox"/> CHANGE STATION LOCATION	

3. CALL SIGN (If you checked 2C above, skip items 3 and 4)

4. OPERATOR CLASS OF THE ATTACHED LICENSE:

5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year)
CARLOS	L.	AMATO		02-10-61

7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
2017 PROSSER AV.	LOS ANGELES	CA	90025

8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)	CITY	STATE
2017 PROSSER AV.	LOS ANGELES	CA

9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. YES NO

10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. YES NO

11. PURPOSE OF OTHER APPLICATION

12. DATE SUBMITTED (Month, Day, Year)

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001**

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
<i>Carlos L. Amato</i>	08-04-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

GENERAL ADVANCED AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

GENERAL ADVANCED AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

TERENCE M. PIERCE 9205

1B. VE'S STATION CALL SIGN:

KI6TY

1C. SIGNATURE: (Must match Item 1A)

DATE SIGNED:

08-04-91

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

LANCE B. FERRANTI 9804

2B. VE'S STATION CALL SIGN:

AB6DB

2C. SIGNATURE: (Must match Item 2A)

DATE SIGNED:

08-04-91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

JOHN J. QUINN 6593

3B. VE'S STATION CALL SIGN:

KJ6HW

3C. SIGNATURE: (Must match Item 3A)

DATE SIGNED:

08-04-91

08-04-91

Passed 10/9/05
A. 9/04

CARLOS L. AMATO

Carlos L. Amato

ELEMENT 1A

The Name is Tom and I am in
tennessee. 94

Hsieomtnadu

5019283746

100% Passes 980A

9205

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET



(Print)

Name: AMATO CARLOS L.

Element: 2 Test Series: 3 Date: 8-4-91 Signature: Carlos L. Amato

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
- [16.] A B C D
- [17.] A B C D
- [18.] A B C D
- [19.] A B C D
- [20.] A B C D
- [21.] A B C D
- [22.] A B C D
- [23.] A B C D
- [24.] A B C D
- [25.] A B C D

Total Questions	Minimum Correct to pass
NOVICE	
Element 2	30 22
TECHNICIAN	
Element 3A	25 19
GENERAL	
Element 3B	25 19
ADVANCED	
Element 4A	50 37
EXTRA CLASS	
Element 4B	40 30

- [26.] A B C D
- [27.] A B C D
- [28.] A B C D
- [29.] A B C D
- [30.] A B C D
- [31.] A B C D
- [32.] A B C D
- [33.] A B C D
- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
- [37.] A B C D
- [38.] A B C D
- [39.] A B C D
- [40.] A B C D
- [41.] A B C D
- [42.] A B C D
- [43.] A B C D
- [44.] A B C D
- [45.] A B C D
- [46.] A B C D
- [47.] A B C D
- [48.] A B C D
- [49.] A B C D
- [50.] A B C D

234
2815



0 100% P9305
A. 9804

**WSYI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print) Name: AMATO CARLOS L.

Element: 3A Test Series: H901 Date: 8-4-91 Signature: Carlos L. Amato

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
- [16.] A B C D
- [17.] A B C D
- [18.] A B C D
- [19.] A B C D
- [20.] A B C D
- [21.] A B C D
- [22.] A B C D
- [23.] A B C D
- [24.] A B C D
- [25.] A B C D

Total Questions	Minimum Correct to pass
NOVICE	
Element 2	30 22
TECHNICIAN	
Element 3A	25 19
GENERAL	
Element 3B	25 19
ADVANCED	
Element 4A	50 37
EXTRA CLASS	
Element 4B	40 30

- [26.] A B C D
- [27.] A B C D
- [28.] A B C D
- [29.] A B C D
- [30.] A B C D
- [31.] A B C D
- [32.] A B C D
- [33.] A B C D
- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
- [37.] A B C D
- [38.] A B C D
- [39.] A B C D
- [40.] A B C D
- [41.] A B C D
- [42.] A B C D
- [43.] A B C D
- [44.] A B C D
- [45.] A B C D
- [46.] A B C D
- [47.] A B C D
- [48.] A B C D
- [49.] A B C D
- [50.] A B C D



$\frac{V}{\Omega} = \text{amps}$

Attachment 9

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEs' REPORT			EXAMINATION ELEMENTS								
Applicant is credited for: A. FCC Amateur license held (97.25(a)):			Class →	1(A) (NT)	1(B) (GA)	1(C) (NTGA)	2 (TGA)	3(A) (GA)	3(B) (GA)	4(A) (A)	4(B)
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):			→	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):		Number:	→	Exp Date							
D. Examination elements passed that were administered at this session:			→				X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:			H. Date of VEC coordinated examination session: 8-4-91								
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)			I. VEC Receipt Date: AUG 10 1991 W5YI-VEC P.O. BOX 565101 DALLAS, TEXAS 75356-5101								
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))											
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))											
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))											
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))											
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)			WSYI-VEC								
G. Examination session location: (VEC coordinated sessions only)			Venice, CO.								

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.

2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.

2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES →	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →	
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS	
2H. <input type="checkbox"/> CHANGE STATION LOCATION	

FORMER LAST NAME SUFFIX (Jr., Sr., etc.)

FORMER FIRST NAME MIDDLE INITIAL

3. CALL SIGN (If you checked 2C above, skip items 3 and 4)

4. OPERATOR CLASS OF THE ATTACHED LICENSE:

5. CURRENT FIRST NAME George	M.I. A.	LAST NAME Madrid	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 04-02-53
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7. CURRENT MAILING ADDRESS (Number and Street) 2612 1/2 Darwin Ave	CITY Los Angeles	STATE CA	ZIP CODE 90031
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8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See instruction 8) 2612 1/2 Darwin Ave	CITY Los Angeles	STATE CA
---	---------------------	-------------

9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. YES NO

10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. YES NO

11. PURPOSE OF OTHER APPLICATION	12. DATE SUBMITTED (Month, Day, Year)
----------------------------------	---------------------------------------

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001**

13. SIGNATURE OF APPLICANT: (Must match item 5) George A. Madrid	14. DATE SIGNED: 08-04-91
---	------------------------------

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:
 GENERAL ADVANCED AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:
 GENERAL ADVANCED AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

Terence M. Pierce 9205

1B. VE'S STATION CALL SIGN:

KI6TY

1C. SIGNATURE: (Must match Item 1A)

Terence M. Pierce

DATE SIGNED:

08-04-91

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

Lance B. Ferranti 9804

2B. VE'S STATION CALL SIGN:

AB6DB

2C. SIGNATURE: (Must match Item 2A)

Lance B. Ferranti

DATE SIGNED:

08-04-91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

John J. QUINN 6593

3B. VE'S STATION CALL SIGN:

KJ6HW

3C. SIGNATURE: (Must match Item 3A)

John J. Quinn

DATE SIGNED:

08-04-91

100% Passed with 9904
th 9205

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print)

Name: George A. Madrid

Element: 2 Test Series: 3 Date: 8-4-91 Signature: George A. Madrid

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
- [16.] A B C D
- [17.] A B C D
- [18.] A B C D
- [19.] A B C D
- [20.] A B C D
- [21.] A B C D
- [22.] A B C D
- [23.] A B C D
- [24.] A B C D
- [25.] A B C D

Total Questions	Minimum Correct to pass
NOVICE	
Element 2	22
30	
TECHNICIAN	
Element 3A	19
25	
GENERAL	
Element 3B	19
25	
ADVANCED	
Element 4A	37
50	
EXTRA CLASS	
Element 4B	30
40	

- [26.] A B C D
- [27.] A B C D
- [28.] A B C D
- [29.] A B C D
- [30.] A B C D
- [31.] A B C D
- [32.] A B C D
- [33.] A B C D
- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
- [37.] A B C D
- [38.] A B C D
- [39.] A B C D
- [40.] A B C D
- [41.] A B C D
- [42.] A B C D
- [43.] A B C D
- [44.] A B C D
- [45.] A B C D
- [46.] A B C D
- [47.] A B C D
- [48.] A B C D
- [49.] A B C D
- [50.] A B C D



100% Passed 1-7-9904

TP 9205

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print) Name: George Madrid

Element: 3A Test Series: H1901 Date: 8-4-91 Signature: George Madrid

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
- [16.] A B C D
- [17.] A B C D
- [18.] A B C D
- [19.] A B C D
- [20.] A B C D
- [21.] A B C D
- [22.] A B C D
- [23.] A B C D
- [24.] A B C D
- [25.] A B C D

- [26.] A B C D
- [27.] A B C D
- [28.] A B C D
- [29.] A B C D
- [30.] A B C D
- [31.] A B C D
- [32.] A B C D
- [33.] A B C D
- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
- [37.] A B C D
- [38.] A B C D
- [39.] A B C D
- [40.] A B C D
- [41.] A B C D
- [42.] A B C D
- [43.] A B C D
- [44.] A B C D
- [45.] A B C D
- [46.] A B C D
- [47.] A B C D
- [48.] A B C D
- [49.] A B C D
- [50.] A B C D

Total Quest- ions	Minimum Correct to pass:
NOVICE	
Element 2	
30	22
TECHNICIAN	
Element 3A	
25	19
GENERAL	
Element 3B	
25	19
ADVANCED	
Element 4A	
50	37
EXTRA CLASS	
Element 4B	
40	30



APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VE's REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)): <i>Novice</i>	Class →	(NT) <input checked="" type="checkbox"/>	(GA)		(NTGAY) <input checked="" type="checkbox"/>	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	→	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number: →			Exp Date					
D. Examination elements passed that were administered at this session:	→					<input checked="" type="checkbox"/>			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:					H. Date of VEC coordinated examination session:				
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)					8-4-91				
E2. <input checked="" type="checkbox"/> TECHNICIAN + (Elements 1(A), 1(B), or 1(C), 2 and 3(A))					I. VEC Receipt Date:				
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))					AUG 10 1991				
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))					W5YI-VEC				
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))					P.O. BOX 565101				
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only) <i>W5YI-VEC</i>					DALLAS, TEXAS 75356-5101				
G. Examination session location: (VEC coordinated sessions only) <i>Venice, Ca</i>									

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.

2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.

2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES →	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →	
2C. <input type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)
2D. <input checked="" type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	FORMER FIRST NAME MIDDLE INITIAL
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	
2G. <input checked="" type="checkbox"/> CHANGE MAILING ADDRESS	
2H. <input checked="" type="checkbox"/> CHANGE STATION LOCATION	

3. CALL SIGN (If you checked 2C above, skip items 3 and 4)
KB6 WJM

4. OPERATOR CLASS OF THE ATTACHED LICENSE:
NOVICE

5. CURRENT FIRST NAME <i>NICHOLAS</i>	M.I.	LAST NAME <i>WENTWORTH</i>	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) <i>05-08-42</i>
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7. CURRENT MAILING ADDRESS (Number and Street) <i>13967 MARQUESAS WAY #26</i>	CITY <i>MARINA DEL REY</i>	STATE <i>CA</i>	ZIP CODE <i>90292</i>
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8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)
SAME AS ABOVE

9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. YES NO

10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. YES NO

11. PURPOSE OF OTHER APPLICATION

12. DATE SUBMITTED (Month, Day, Year)

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001**

13. SIGNATURE OF APPLICANT: (Must match item 5) <i>Nicholas Wentworth</i>	14. DATE SIGNED: <i>08-04-91</i>
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ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

SECTION II-A FOR NOVICE OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:
 GENERAL ADVANCED AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:
 GENERAL ADVANCED AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

SECTION II-B FOR TECHNICIAN, GENERAL, ADVANCED, OR AMATEUR EXTRA OPERATOR EXAMINATION ONLY. To be completed by the Administering VEs after completing the Administering VE's Report on the other side of this form.

CERTIFICATION

I CERTIFY THAT I have complied with the Administering VE requirements stated in Part 97 of the Commission's Rules; THAT I have administered to the applicant and graded an amateur radio operator examination in accordance with Part 97 of the Commission's Rules; THAT I have indicated in the Administering VE's Report the examination element(s) the applicant passed; THAT I have examined documents held by the applicant and I have indicated in the Administering VE's Report the examination element(s) for which the applicant is given examination credit in accordance with Part 97 of the Commission's Rules.

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

TERENCE M. PIERCE

VE 9205

1B. VE'S STATION CALL SIGN:

K16TY

1C. SIGNATURE: (Must match Item 1A)

Terence M. Pierce

DATE SIGNED:

08-04-91

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

LANCE B. FERRANTI

VE 9804

2B. VE'S STATION CALL SIGN:

AB6DB

2C. SIGNATURE: (Must match Item 2A)

Lance B. Ferranti

DATE SIGNED:

08-04-91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

JOHN J. QUINN

VE 6593

3B. VE'S STATION CALL SIGN:

KJ6HW

3C. SIGNATURE: (Must match Item 3A)

John J. Quinn

DATE SIGNED:

08-04-91

AMATEUR RADIO LICENSE

NOT TRANSFERABLE

EFFECTIVE DATE 05/22/90	EXPIRATION DATE 05/22/00	CALL SIGN KB6WJM	OPERATOR PRIVILEGES NOVICE	STATION PRIVILEGES PRIMARY
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NAME AND ADDRESS NICHOLAS J WENTWORTH 188 E 70TH ST NEW YORK NY 10021	FIXED STATION/OPERATION LOCATION SAME AS MAILING ADDRESS
--	---

THIS LICENSE IS SUBJECT TO CONDITIONS OF GRANT ON REVERSE SIDE

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION
GETTYSBURG, PA 17326

NJ Wentworth
(LICENSEE'S SIGNATURE)

FOC FORM 660
SEPTEMBER 1988

FEDERAL COMMUNICATIONS COMMISSION



-1 Passed A 9804

to 4205

W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET

(Print) Name: NICHOLAS WENTWORTH

Element: 3A Test Series: H-90 Date: 8-4-91 Signature: Ni Wentworth

- [1.] A B C D
- [2.] A B C D
- [3.] A B C D
- [4.] A B C D
- [5.] A B C D
- [6.] A B C D
- [7.] A B C D
- [8.] A B C D
- [9.] A B C D
- [10.] A B C D
- [11.] A B C D
- [12.] A B C D
- [13.] A B C D
- [14.] A B C D
- [15.] A B C D
- [16.] A B C D
- [17.] A B C D
- [18.] A B C D
- [19.] A B C D
- [20.] A B C D
- [21.] A B C D
- [22.] A B C D
- [23.] A B C D
- [24.] A B C D
- [25.] A B C D

- [26.] A B C D
- [27.] A B C D
- [28.] A B C D
- [29.] A B C D
- [30.] A B C D
- [31.] A B C D
- [32.] A B C D
- [33.] A B C D
- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
- [37.] A B C D
- [38.] A B C D
- [39.] A B C D
- [40.] A B C D
- [41.] A B C D
- [42.] A B C D
- [43.] A B C D
- [44.] A B C D
- [45.] A B C D
- [46.] A B C D
- [47.] A B C D
- [48.] A B C D
- [49.] A B C D
- [50.] A B C D

Total Quest- ions	Minimum Correct to pass:
NOVICE	
Element 2	30 22
TECHNICIAN	
Element 3A	25 19
GENERAL	
Element 3B	25 19
ADVANCED	
Element 4A	50 37
EXTRA CLASS	
Element 4B	40 30



Attachment 11

FEDERAL COMMUNICATIONS COMMISSION
P.O. Box 1020
GETTYSBURG, PA 17326

Approved OMB
3060-0003
Expires 12/31/89

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE
NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEs' REPORT			EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>			1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class	→	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):		→	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number:	→			Exp Date					
D. Examination elements passed that were administered at this session:		→				X	X			
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:			H. Date of VEC coordinated examination session:							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)			8-4-91							
E2. <input checked="" type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))			I. VEC Receipt Date: AUG 10 1991							
<input type="checkbox"/> GENERAL (Elements 1(B) or 1(C), 2, 3(A), and 3(B))			W5YI-VEC P.O. BOX 565101 DALLAS, TEXAS 75356-5101							
<input type="checkbox"/> ADVANCED (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))										
<input type="checkbox"/> AMATEUR EXTRA (Elements 1(C), 2, 3(A), 3(B), 4(A), and 4(B))										
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only)	W5YI-VEC									
G. Examination session location: (VEC coordinated sessions only)	VENICE, CA									

SECTION I

1. IF YOU HOLD A VALID LICENSE ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY ON BACK OF APPLICATION. IF THE VALID LICENSE OR CERTIFICATE OF SUCCESSFUL COMPLETION OF AN EXAMINATION WAS LOST OR DESTROYED, PLEASE EXPLAIN.

2. CHECK ONE OR MORE ITEMS, NORMALLY ALL LICENSES ARE ISSUED FOR A 10 YEAR TERM.

2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES →	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →	
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)
2D. <input type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	FORMER FIRST NAME MIDDLE INITIAL
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS	
2H. <input type="checkbox"/> CHANGE STATION LOCATION	

3. CALL SIGN (If you checked 2C above, skip items 3 and 4)

4. OPERATOR CLASS OF THE ATTACHED LICENSE:

5. CURRENT FIRST NAME	M.I.	LAST NAME	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year)
CHARLES	H	GALEN		2-10-49

7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
5963 W 76TH STREET	LOS ANGELES	CA	90045

8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)	CITY	STATE
Same as #7		

9. Would a Commission grant of your application be an action which may have a significant environmental effect as defined by Section 1.1307 of the Commission's Rules? See instruction 9. If you answer yes, submit the statement as required by Sections 1.1308 and 1.1311. YES NO

10. Do you have any other amateur radio application on file with the Commission that has not been acted upon? If yes, answer items 11 and 12. YES NO

11. PURPOSE OF OTHER APPLICATION	12. DATE SUBMITTED (Month, Day, Year)

CERTIFICATION

I CERTIFY THAT all statements herein and attachments herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith; that I am not a representative of a foreign government; that I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; and that the station to be licensed will be inaccessible to unauthorized persons.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ATTACHMENTS ARE PUNISHABLE BY FINE AND IMPRISONMENT
U.S. CODE TITLE 18, SECTION 1001

13. SIGNATURE OF APPLICANT: (Must match item 5)	14. DATE SIGNED:
<i>Charles H Galen</i>	8-4-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

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1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

1C. VE'S OPERATOR CLASS:

GENERAL ADVANCED AMATEUR EXTRA

1D. VE'S STATION CALL SIGN

1E. LICENSE EXPIRATION DATE:

1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

1G. SIGNATURE: (Must match Item 1A)

DATE SIGNED

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

2B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)

2C. VE'S OPERATOR CLASS:

GENERAL ADVANCED AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

2F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:

2G. SIGNATURE: (Must match Item 2A)

DATE SIGNED

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1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

Terence M PIERCE 9205

1B. VE'S STATION CALL SIGN:

K16TY

1C. SIGNATURE: (Must match Item 1A)

Terence M. Pierce

DATE SIGNED:

08-04-91

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

LANCE B FERRANTI 9804

2B. VE'S STATION CALL SIGN:

AB6DB

2C. SIGNATURE: (Must match Item 2A)

Lance B. Ferranti

DATE SIGNED:

08-04-91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)

JOHN J QUINN 6593

3B. VE'S STATION CALL SIGN:

KJ6HW

3C. SIGNATURE: (Must match Item 3A)

John J Quinn

DATE SIGNED:

08-04-91