

Attachment 18

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 <input checked="" type="checkbox"/>	(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			
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)					8-24-91				
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))									
<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)					W E Y I				
G. Examination session location: (VEC coordinated sessions only)					MAR VISTA, 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)
GLORIA	G	STOVER		1/25/26

7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
8851 KEOKUK	WINNETKA	CA	91306

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

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:
Gloria S Stover	8-24-91

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:

W5YI-VEC

National Volunteer Examiner Coordinator

This certifies that:

Gloria G. Stover
NAME

None
STATION CALL SIGN

DATE OF ISSUE: 6-30-91

CITY/STATE (Session Site)

Malibu, CA

8851 Keokuk Ave.
NUMBER AND STREET

NUMBER AND STREET

Winnetka,
CITY

CA
STATE

STATE

91306
ZIP

has SUCCESSFULLY PASSED the following elements:

1(A) 5 wpm 1(B) 13 wpm 1(C) 20 wpm 2 3(A) 3(B) 4(A) 4(B)

and will be given credit for this examination element when the appropriate additional examination element is (re)taken at a subsequent examination session within one year of the date of issue of this certificate.

has SUCCESSFULLY PASSED all elements for the following operator license class:

Novice, Technician, General, Advanced, Amateur Extra.

If you already have an FCC-issued amateur radio license, this certificate validates temporary (Interim) operation with the rights and privileges of your new operator class (see Section 97.35 of the Commission's Rules) until you receive the license for your new operator class, or for a period of one year of the date of issue of this certificate, whichever comes first.

When operating on an interim basis in the telegraphy mode, you must append your call sign with /KT (Technician), /AG (General), /AA (Advanced) or /AE (Extra Class). Use the word "Temporary" before the identifier (KT, AG, AA or AE) when operating in the voice mode.

THIS CERTIFICATE IS NOT A LICENSE, PERMIT OR ANY OTHER KIND OF OPERATING AUTHORITY



VOLUNTEER EXAMINERS

SIGNATURE	VE #	STATION CALL SIGN
(1) Richard L. Big	7059	N6COW
(2) Carl F. Sain	6011	K46BPA
(3) Tom E. DeLaney	5652	N6FDR

Gloria G. Stover
SIGNATURE OF APPLICANT

W5YI-VEC; NATIONAL VOLUNTEER EXAMINER COORDINATOR
FREDERICK O. MAIA, W5YI

P.O. Box 565101, Dallas, Texas, 75356 • Tel: (817) 461-8443

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print)

Name: GLORIA B. STOVER

Element: 3A Test Series: 47648 Date: 8/20/19 Signature: Gloria B. Stover

- [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
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- [21.] A B C D
- [22.] 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
- [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: ↘		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)					8-24-91				
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))									
<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 GROUP									
G. Examination session location: (VEC coordinated sessions only) MAR VISTA, 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	
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	FORMER FIRST NAME MIDDLE INITIAL
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 CHRISTINE	M.I. F	LAST NAME Mc ELWAIN	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 9-18-44
7. CURRENT MAILING ADDRESS (Number and Street) 10331 LINDSEY #141		CITY NORTHRIOGE	STATE CA	ZIP CODE 91326
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8) SAME AS NUMBER 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) Christine F. McElwain	14. DATE SIGNED: 8-24-91
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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.

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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

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.

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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:

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print)

Name: CHRISTINE F. McEWAN

*A
PASSED
R68*

Element: 3A Test Series: J901 Date: 8/24/91 Signature: Christine F. McEwan

- [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
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- [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



**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print) Name: CHRISTINE F. McEWAN

*2
PAVED
R60*

Element: 2 Test Series: 1490 Date: 8-24-91 Signature: Christine F. McEwan

- [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
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NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEs' REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: \blacktriangledown		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class \longrightarrow	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	\longrightarrow	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: \longrightarrow			Exp Date					
D. Examination elements passed that were administered at this session:	\longrightarrow				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)					8/24/91				
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))									
<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)									
WFYI GROUP									
G. Examination session location: (VEC coordinated sessions only)									
Mar Vista, 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 \longrightarrow	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS \longrightarrow	
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) \longrightarrow	
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)
George	A	Madrid		4/2/53

7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
2612 1/2 Darwin Ave	Los Angeles	CA	90031

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

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:
George A. Madrid	8/24/91

(OVER)

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:

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print)

Name: George A. Madrid

Element: 2 Test Series: H901 Date: 8/24/91 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

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print)

Name: George A. Madrid

#47648

Element: 3A

Test Series: 1.2

Date: 8/24/91

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

- [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 2!

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: \blacktriangledown		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class \rightarrow	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	\rightarrow	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: \rightarrow			Exp Date					
D. Examination elements passed that were administered at this session:	\rightarrow				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)					8-24-91				
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))									
<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-GROUP									
G. Examination session location: (VEC coordinated session)									
Mar Vista, 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 \rightarrow	EXPIRATION DATE (Month, Day, Year)		
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS \rightarrow	FORMER LAST NAME	SUFFIX (Jr., Sr., etc.)	
2C. <input checked="" type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER FIRST NAME	MIDDLE INITIAL	
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) \rightarrow			
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.)
RICHARD	S	STENLAKE	
6. DATE OF BIRTH (Month, Day, Year)	7. CURRENT MAILING ADDRESS (Number and Street)		
6-3-51	12066 COYNE ST		
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		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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: 8-24-91
---	--------------------------

(OVER)

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:

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print) Name: RICHARD S. STENLAKE

3
PASSED
Real

Element: 2 Test Series: H901 Date: 8-24-91 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
- [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 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



**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print) Name: RICHARD S. STENLACE

*PASSED
RW*

Element: 3A Test Series: 47642 Date: 8-24-91 Signature: Richard S. Stenlace

- [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

Attachment 22

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: \blacktriangleright			1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class \blacktriangleright		(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)						8-24-91				
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))						I. VEC Receipt Date:				
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only) W5YI Group										
G. Examination session location: (VEC coordinated sessions only) Mar Vista, 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 \blacktriangleright	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS \blacktriangleright	
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) \blacktriangleright	
2G. <input type="checkbox"/> CHANGE MAILING ADDRESS	4. OPERATOR CLASS OF THE ATTACHED LICENSE:
2H. <input type="checkbox"/> CHANGE STATION LOCATION	

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

5. CURRENT FIRST NAME Sandra	M.I. L.	LAST NAME Moore	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 5-1-48
---------------------------------	------------	--------------------	-------------------------	---

7. CURRENT MAILING ADDRESS (Number and Street)
1902 Ripley Ave

CITY Redondo Beach STATE CA ZIP CODE 90278

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

CITY STATE

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) Sandra L. Moore	14. DATE SIGNED: 8-24-91
--	-----------------------------

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:

W5YI-VEC PROGRAM # 476-8
EXAMINATION ANSWER SHEET

(Print)

Name: Sandra L. Moore

Element: 3A Test Series: 1.2 Date: 8-20-91

Signature: *Sandra L. Moore*

- [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 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



**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print) Name: Sandra L. Moore

Element: 2 Test Series: 1201 Date: 8-24-91 Signature: Sandra L. Moore

- [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 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



Attachment 23

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: →		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: 8-24-91							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)	I. VEC Receipt Date:								
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 GROUP									
G. Examination session location: (VEC coordinated sessions only) MAR VISTA, 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			
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.)
SERGIO	V	FERNANDEZ	
6. DATE OF BIRTH (Month, Day, Year)			
3-12-59			
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE ZIP CODE
2601 PLAZA LIBRE		MONTEBELLO	CA 90640
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)			
SAME AS ITEM # 7		CITY	STATE
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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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. <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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>Sergio V. Fernandez</i>	8-24-91

(OVER)

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:

**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print)

Name: SERGIO V. FERNANDEZ

*2
PASSED
R60*

Element: 3A Test Series: 1.2# 9843

Date: 8-24-91 Signature: *Sergio Fernandez*

- [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
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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
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- [28.] A B C D
- [29.] A B C D
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- [31.] A B C D
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- [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
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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 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



**W5YI-VEC PROGRAM
EXAMINATION ANSWER SHEET**

(Print) Name: SERGIO V FERNANDEZ

10
PASSED
RGO

Element: 2 Test Series: H90 Date: 8-24-91 Signature: Sergio V. Fernandez

- [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
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- [23.] A B C D
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- [25.] A B C D

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- [34.] A B C D
- [35.] A B C D
- [36.] A B C D
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- [38.] A B C D
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- [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



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: ▼		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)				8/24/91					
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))									
<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)		W5VI GROUP							
G. Examination session location: (VEC coordinated sessions only)		MAR VISTA, 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)
Robert	L.	Reeves		1-31-42

7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
3550 Wilshire Blvd #918	Los Angeles	CA	90010

8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)	CITY	STATE
Same as Hcm #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: 8/24/91
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