

**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**

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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:

NOTE  
USE  
1706  
NG

W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET

(Print)

Name:

Robert L. Reever

A  
Passes  
200

Element: 2

Test Series: H 901

Date: 8/23/91

Signature:

*Robert L. Reever*

- [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 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



- [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

*Passed*

*W5YI*

*W5YI*

**W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET**

(Print) Name: Robert L. Reeves

*482* passed

Element: 3A Test Series: 1, 2 X 47698

Date: 8/19/09 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 Minimum Quest- Correct ions to pass:	
<b>NOVICE</b> Element 2	30 22
<b>TECHNICIAN</b> Element 3A	25 19
<b>GENERAL</b> Element 3B	25 19
<b>ADVANCED</b> Element 4A	50 37
<b>EXTRA CLASS</b> Element 4B	40 30



Attachment 25

**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: <input checked="" type="checkbox"/>			Exp Date					
D. Examination elements passed that were administered at this session:					<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)					08/24/91				
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)									
MRFVISTA, 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)
JAMES	Q	PHAM		09/27/1983
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE	ZIP CODE
15427 GERRIN AVE		LAWNSDALE	CA	91726
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See instruction 8)				
2535E 73 #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)	14. DATE SIGNED:
James Pham	8-24-91

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

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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

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 GENERAL       ADVANCED       AMATEUR EXTRA

2D. VE'S STATION CALL SIGN

2E. LICENSE EXPIRATION DATE:

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DATE SIGNED:

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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:

1A. TOM E FAKELAHY 5652	1B. N6FDZ
1C. Tom E. Fakelamy	DATE SIGNED: 8-28-91
2A. MICHAEL C BRYANT	2B. N6JRW
2C. Michael Bryant 7059	DATE SIGNED: 8/24/91
3A. ROBERT G OSBORN JR	3B. N6MSO
3C. Robert G Osborn Jr 9599A	DATE SIGNED: 8-29-91

**W5YI-VEC PROGRAM  
EXAMINATION ANSWER SHEET**

(Print)

Name: JAMES PHAM

*-5 Passed*

Element: 2 Test Series: ~~4256~~ <sup>1.2</sup> Date: 8-24-91 Signature: James Pham

- [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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- [15.] A  B  C  D
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- [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
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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
30	22
<b>NOVICE</b> Element 2	
<b>TECHNICIAN</b> Element 3A 25 19	
<b>GENERAL</b> Element 3B 25 19	
<b>ADVANCED</b> Element 4A 50 37	
<b>EXTRA CLASS</b> Element 4B 40 30	



**W5YI-VEC PROGRAM**  
**EXAMINATION ANSWER SHEET**

(Print) Name: James Pham

*4*  
*PASSED*  
*R60*

Element: 3A Test Series: 112 Date: 8-24-91 Signature: James Pham

- [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
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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
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- [47.] A  B  C  D
- [48.] A  B  C  D
- [49.] A  B  C  D
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Total Questions	Minimum Correct to pass
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Element 3A	
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<b>GENERAL</b>	
Element 3B	
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<b>ADVANCED</b>	
Element 4A	
50	37
<b>EXTRA CLASS</b>	
Element 4B	
40	30



AMATEUR RADIO SERVICE - W5YI-VEC PROGRAM

VOLUNTEER EXAMINER'S REPORT OF EXAMINATION SESSION

W5YI-VEC, P.O. BOX 565101, DALLAS, TX 75356-5101



IMPORTANT: This report must be attached to the Volunteer Examiner's Certification and the Manifest of Applicants being administered amateur radio examinations. This report becomes the cover sheet and totals for your examination session and is required by the FCC. Staple cover sheet & manifest to FCC 610's.

(1) EXAMINATION SESSION LOCATION: (City & State)

Marina del Rey, Ca. 9-14-91

(2) DATE OF EXAMINATION: (Month/Day/Year)

(3) NUMBER OF APPLICANTS THAT PARTICIPATED IN THE EXAMINATION SESSION AND...

(A) UPGRADED TO A HIGHER CLASS LICENSE:

8

(B) FAILED TO UPGRADE:

22

(C) TOTAL APPLICANTS TESTED: (C=A+B)

30

(D) PERCENT THAT UPGRADED: (D=A divided by C)

26

NOTE: Line "A" must equal the total number of successful applications being sent to the VEC. Line "B" must equal the number of candidates that failed to upgrade to any higher class of amateur radio license. Candidates that pass the Novice but fail to upgrade further are listed as "Failed to Upgrade." Applicants are also listed as a "Fail" if they pass a required higher class element (such as the code) but fail to pass all requirements necessary to upgrade (for example, the written examination.) Line "C" is the sum total of lines "A" and "B" and must equal the number of candidates that the VE team tested at this session as listed on the manifest. Line "D" is the percentage of the total applicants appearing for testing that actually upgraded to a higher class of amateur radio operator license. ("D" equals "A" divided by "C".)

VEC use only

4) TESTING FEES FORWARDED TO VEC: (Attach check)

\$ 67.50

MAKE CHECK PAYABLE TO: W5YI-VEC

Test fee is \$2.25 for each candidate tested if ten or more total applicants tested (see Line "3C") or \$3.00 each if nine or less are examined.

5) PASS/FAIL RESULTS FOR EACH ELEMENT ADMINISTERED IN THE SESSION:

ELEMENT:	1A	1B	1C	2	3A	3B	4A	4B	TOTAL:
PASSED:	1	5	0	20	13	4	3	0	46
FAILED:	0	1	0	1	8	3	0	0	13
TOTAL:	1	6	0	21	21	7	3	0	59
PASSED:	100 %	83 %	0 %	95 %	62 %	57 %	100 %	0 %	78 %

6) CONTACT VE # PLUS VE'S WHO PARTICIPATED IN THIS EXAM:

5657 VE #, 6130 VE #, 9432 VE #, 7059 VE #, 8583 VE #, VE #, VE #

VE #, VE #, VE #, VE #, VE #, VE #, VE #

SUCCESSFUL FORM 610'S MUST BE RETURNED TO THE VEC WITHIN 10 DAYS OF TESTING.

send to: W5YI-VEC, PO Box 565101, Dallas, TX 75356-5101

VEC Date Received

Reviewed by VEC (VE's leave blank)



AMATEUR RADIO SERVICE - W5YI-VEC PROGRAM

VOLUNTEER EXAMINER'S CERTIFICATION

W5YI-VEC, P.O. BOX 565101, DALLAS, TX 75356-5101

To: All participating W5YI Volunteer Examiners

From: Fred Maia, W5YI-VEC

The FCC rules require certification from VE's that all expenses reimbursed during the calendar year were reasonable and necessary.

W5YI-VEC divides testing fees with its volunteer examining teams since there are test session expenses which must be paid. While we realize that most VE's do not receive any of these funds, (since disbursements are usually handled by the Contact VE,) we still need certifications from each VE that did participate in a testing session.

Additionally, every participating VE should agree that all examinations administered at this session were given fairly and according to the rules and regulations of the FCC and W5YI-VEC. The contact VE's should make sure that all VE's participating in an examination session agree with the testing procedures and sign this form. It must be returned along with the results of the examination and will be kept on file by W5YI for the calendar year.

THANK YOU for your cooperation

VOLUNTEER EXAMINERS' CERTIFICATION:

All expenses for this calendar year, including this examination, associated with the Amateur Radio Service Volunteer Examination program for which reimbursement was obtained were necessarily and prudently incurred.

I concur that all examinations administered at this session were given fairly and in accordance with the rules and regulations of the FCC and W5YI-VEC.

CONTACT VE:

Signature: Jon E. Johnson, Call Sign: N6FDR, VE #: 5652

Examination Session Location: McKinney, Ca., Date: 9-14-91

OTHER VE'S THAT PARTICIPATED IN THIS EXAMINATION SESSION:

Signature: Raymond A. Novarro, Call Sign: N6DX, VE #: 6130

Signature: James G. McKinley, Call Sign: N6RPC, VE #: 9437

Signature: Michael Boyer, Call Sign: N6UBW, VE #: 7059

Signature: Dale [unclear], Call Sign: KV6T, VE #: 8583

Signature: \_\_\_\_\_, Call Sign: \_\_\_\_\_, VE #: \_\_\_\_\_

Signature \_\_\_\_\_, Call Sign \_\_\_\_\_, VE # \_\_\_\_\_

(Use reverse side of form if additional Volunteer Examiners were used.)

**W5YI-VEC -- VOLUNTEER EXAMINER PROGRAM**  
**MANIFEST OF APPLICANTS**  
**BEING ADMINISTERED AMATEUR RADIO EXAMINATIONS**

Place of Examination: (City & State) Marina del Rey, Ca Date of Exam: 9-14-91

List all applicants taking amateur radio operator examinations and the pass/fail results for each element administered.

	NAME OF APPLICANT	CALL SIGN	PHONE NUMBER	CHECK APPLICABLE BOXES												
				5-WPM	13-WPM	20-WPM	Novice	Tech.	General	Advan.	Extra	UPGR?				
				El. 1(A) Pass Fail	El. 1(B) Pass Fail	El. 1(C) Pass Fail	El. 2 Pass Fail	El. 3(A) Pass Fail	El. 3(B) Pass Fail	El. 4(A) Pass Fail	El. 4(B) Pass Fail		Yes No			
1.	Gerardo DeCarnelli	N6WFH	213-5457650								/			/		
2.	Joseph Pham	KC6YJC	213-6797267		/					/				/		
3.	Maynard Hill	N6TAK	213-371-8591		/					/				/		
4.	Thomas J. Cavey	KC6YJE	818-787-5057								/			/		
5.	Deborah Pervin	NONE	818-371-0350		/		/	/	/	/				/		
6.	Duane Purvin	NONE	818-371-0350		/		/	/	/	/				/		
7.	Carlos Romero	KC6CLS			/					/				/		
8.	Dennis J. Stouffer	NONE	213 6775377				/	/						/		
9.	Chris McElwain	NONE	818-3682123	/										/		
10.	Richard Kelsey	KC6uel	818 4632357							/				/		
11.	Raymond Bailey	KC6TOR	818 242-7100								/			/		
12.	Robert Naumann	WB6NVA	805 4820941		/					/				/		
13.	Wayne Bell	NONE	213 756-9033				/	/						/		
14.	Nelson Jones	NONE	818-2493060				/	/						/		
15.	William Bethes II	NONE	213 2767967				/	/						/		
PAGE TOTALS:				1	5	1	0	6	6	4	3	3	0	0	8	7

**W5YI-VEC -- VOLUNTEER EXAMINER PROGRAM**  
**MANIFEST OF APPLICANTS**  
**BEING ADMINISTERED AMATEUR RADIO EXAMINATIONS**

Place of Examination: (City & State) Troy, Ala. Date of Exam: 9-14-91

List all applicants taking amateur radio operator examinations and the pass/fail results for each element administered.

			CHECK APPLICABLE BOXES										
NAME OF APPLICANT	CALL SIGN	PHONE NUMBER	5-WPM	13-WPM	20-WPM	Novice	Tech.	General	Advan.	Extra	UPGR?		
			El. 1(A)	El. 1(B)	El. 1(C)	El. 2	El. 3(A)	El. 3(B)	El. 4(A)	El. 4(B)	Yes	No	
			Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
			Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail
1. Griselda Bethea	NONE	2132677967				/	/						/
2. Mike Sudo	NONE	213938-9819				/	/						/
3. Erroll Chamness	NONE	2138740296				/	/						/
4. Erman Passis	NONE	2135500438				/	/						/
5. Sudhir Munshi	NONE	2133675610				/	/						/
6. Larry Leonig	NONE	2133892375				/	/						/
7. Roger Menasis	NONE	8183688562				/	/						/
8. Ramona Mock	NONE	2138230552				/	/						/
9. Valerie Cummings	NONE	2138210282				/	/						/
10. Robin Burt	NONE	2132862952				/	/						/
11. Charles Golen	NONE	2132153782				/	/						/
12. Annette Whitself	NONE	2133917831				/	/						/
13. Brad Coyne	NONE	213391-1566				/	/						/
14. Paula Coyne	NONE	2133911566				/	/						/
15. Audrey Copple	NONE	2136418127				/	/						/
PAGE TOTALS:			0	0	0	14	17	8	0	0	0	0	15



# MANIFEST OF APPLICANTS

PLACE OF EXAMINATION (City & State)

MAKING DEL REY

DATE OF EXAM

SEPT 14 1991

List all applicants taking amateur radio exams and the results for each element administered

Pd

NAME	<u>JOSEPH PHAM</u>	CALL SIGN (if any)	<u>KC6YJC</u>	1A	Pass	3A	Pass	UPGRADED TO: <u>NT/G/A/E</u>
ADDRESS	<u>15427 GERKIN AVE LAWDALE CA 90260</u>			1B	Pass	3B	Pass	
CITY	<u>6797267</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	
TELEPHONE	License copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			2	Pass	4B	Pass	
					Fail		Fail	

Pd

NAME	<u>Wayside Hill</u>	CALL SIGN (if any)	<u>NOTAK</u>	1A	Pass	3A	Pass	UPGRADED TO: <u>NT/G/A/E</u>
ADDRESS	<u>1844 WARD ST EVANSTON CA 90523</u>			1B	Pass	3B	Pass	
CITY	<u>371-8591</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	
TELEPHONE	License copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			2	Pass	4B	Pass	
					Fail		Fail	

Pd

NAME	<u>THOMAS J. CAVEY</u>	CALL SIGN (if any)	<u>KC6YJE</u>	1A	Pass	3A	Pass	UPGRADED TO: <u>NT/G/A/E</u>
ADDRESS	<u>5822 COSTELLO AVENUE</u>			1B	Pass	3B	Pass	
CITY	<u>91401</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	
TELEPHONE	License copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			2	Pass	4B	Pass	
					Fail		Fail	

Pd

NAME	<u>Deborah T. Purvin</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: <u>NT/G/A/E</u>
ADDRESS	<u>P O BOX 10871</u>			1B	Pass	3B	Pass	
CITY	<u>90295</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	
TELEPHONE	License copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			2	Pass	4B	Pass	
					Fail		Fail	

Pd

NAME	<u>Duane Purvin</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: <u>NT/G/A/E</u>
ADDRESS	<u>PO BOX 10871</u>			1B	Pass	3B	Pass	
CITY	<u>90295</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	
TELEPHONE	License copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			2	Pass	4B	Pass	
					Fail		Fail	

Pd

NAME	<u>CARLOS S. ROMEROS</u>	CALL SIGN (if any)	<u>KC6CLO</u>	1A	Pass	3A	Pass	UPGRADED TO: <u>NT/G/A/E</u>
ADDRESS	<u>139-N LINCOLN PL</u>			1B	Pass	3B	Pass	
CITY	<u>91016</u>	STATE	<u>CAL</u>	1C	Pass	4A	Pass	
TELEPHONE	License copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			2	Pass	4B	Pass	
					Fail		Fail	

PAGE TOTALS:	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>							
	Fail <input type="checkbox"/>	No <input type="checkbox"/>							



# MANIFEST OF APPLICANTS

PLACE OF EXAMINATION  
(City & State) M.D.R., CA

DATE OF EXAM 9-14-91

List all applicants taking amateur radio exams and the results for each element administered.

PD

NAME <u>DENNIS J. STOFFER</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED
ADDRESS <u>430 W. HILLCREST BLVD, INGLEWOOD, CA 90301</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	TO: <input type="checkbox"/>
CITY (213) <u>677-5377</u>	STATE ZIP	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
TELEPHONE	License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>

PD

NAME <u>CHRIS McELWAIN</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED
ADDRESS <u>70331 LINDLEY # 141 NORTHRIDGE CA 91326</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	TO: <input type="checkbox"/>
CITY <u>818 368-2123</u>	STATE ZIP	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
TELEPHONE	License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>

PD

NAME <u>Richard Kelsey</u>	CALL SIGN (if any) <u>KCCUEL</u>	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED
ADDRESS <u>10844 Bloomfield St</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	TO: <input type="checkbox"/>
CITY <u>No. Hollywood</u>	STATE ZIP <u>CA 91602</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
TELEPHONE <u>(818) 763-2357</u>	License copy attached? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>

PD

NAME <u>RAYMOND P. BAILEY</u>	CALL SIGN (if any) <u>KC6TOR</u>	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED
ADDRESS <u>1611 N. VERDUGO RD</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	TO: <input type="checkbox"/>
CITY <u>Glendale</u>	STATE ZIP <u>CA 91208</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
TELEPHONE <u>(818) 242-7100</u>	License copy attached? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>

PD

NAME <u>ROBERT F. NAUMANN</u>	CALL SIGN (if any) <u>W6GNNR</u>	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED
ADDRESS <u>2073 HERRON CT.</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	TO: <input type="checkbox"/>
CITY <u>CAMARILLO</u>	STATE ZIP <u>CA 93010</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
TELEPHONE <u>805-482-0941</u>	License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>

NAME <del><u>EMMA DECARVILLE</u></del>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED
ADDRESS <del><u>315 29TH PLACE</u></del>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	TO: <input type="checkbox"/>
CITY <del><u>MANHATTAN ISL</u></del>	STATE ZIP <del><u>CA 1 90266</u></del>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
TELEPHONE <del><u>213-545-7656</u></del>	License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>

	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
PAGE TOTALS:	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>							
	Fail <input type="checkbox"/>	No <input type="checkbox"/>							



# MANIFEST OF APPLICANTS

PLACE OF EXAMINATION (City & State) M. D. R., CA

DATE OF EXAM 9-14-91

List all applicants taking amateur radio exams and the results for each element administered

PD

NAME	<u>WAYNE BELL</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO:
ADDRESS	<u>10525 S. VANNESS #</u>			1B	Pass	3B	Pass	
CITY	<u>INGLEWOOD CA</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	N/T/G/A/E
TELEPHONE	<u>213 756-9033</u>	ZIP	<u>90303</u>	2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PD

NAME	<u>NELSON E. JONES</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO:
ADDRESS	<u>269 MESA LILA RD.</u>			1B	Pass	3B	Pass	
CITY	<u>GLENDALE</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	N/T/G/A/E
TELEPHONE	<u>(818) 249-3060</u>	ZIP	<u>91208</u>	2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								

PD

NAME	<u>William R. BETHEA, II</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO:
ADDRESS	<u>617 N. Bedford Dr.</u>			1B	Pass	3B	Pass	
CITY	<u>Beverly Hills</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	N/T/G/A/E
TELEPHONE	<u>276-7967</u>	ZIP	<u>90210</u>	2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PD

NAME	<u>GRISELDA BETHEA</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO:
ADDRESS	<u>617 N. Bedford DR</u>			1B	Pass	3B	Pass	
CITY	<u>27617 67967</u>	STATE	<u>CALIF</u>	1C	Pass	4A	Pass	N/T/G/A/E
TELEPHONE	<u>27617 67967</u>	ZIP	<u>90210</u>	2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PD

NAME	<u>MIKE SAOU</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO:
ADDRESS	<u>419 N. Larchmont Bl. #221</u>			1B	Pass	3B	Pass	
CITY	<u>LA</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	N/T/G/A/E
TELEPHONE	<u>213-938-9819</u>	ZIP	<u>90004</u>	2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PD

NAME	<u>ERROL L CHAMNESS</u>	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO:
ADDRESS	<u>1730 CAMINO PALMERO #217</u>			1B	Pass	3B	Pass	
CITY	<u>LA</u>	STATE	<u>CA</u>	1C	Pass	4A	Pass	N/T/G/A/E
TELEPHONE	<u>213-874-0296</u>	ZIP	<u>90046-2948</u>	2	Pass	4B	Pass	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>								

PAGE TOTALS:	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>							
	Fail <input type="checkbox"/>	No <input type="checkbox"/>							



# MANIFEST OF APPLICANTS

PLACE OF EXAMINATION (City & State) M.D.R., CA

DATE OF EXAM 9-14-91

List all applicants taking amateur radio exams and the results for each element administered

✓	NAME	ERMAN PESSIS	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E
	ADDRESS	8568 BURTON WAY			1B	Pass	3B	Pass	
	CITY	LOS ANGELES, CA	STATE	ZIP	1C	Pass	4A	Pass	
	TELEPHONE	(213) 550-0428	License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2	Pass	4B	Pass	
P	NAME	SUDHIR MUNSHI	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E
	ADDRESS	13753, KINBROOK ST.			1B	Pass	3B	Pass	
	CITY	SILMAR, CA	STATE	ZIP	1C	Pass	4A	Pass	
	TELEPHONE	(818) 367-5610	License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2	Pass	4B	Pass	
P	NAME	LARRY LEONG	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E
	ADDRESS	3860 - W 1st STREET			1B	Pass	3B	Pass	
	CITY	LOS ANGELES, CALIFORNIA	STATE	ZIP	1C	Pass	4A	Pass	
	TELEPHONE	(213) 389-2375	License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2	Pass	4B	Pass	
P	NAME	ROGER MENESES	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E
	ADDRESS	18582 AGUNCION ST			1B	Pass	3B	Pass	
	CITY	NORTHRIDGE, CA	STATE	ZIP	1C	Pass	4A	Pass	
	TELEPHONE	818 368-8562	License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2	Pass	4B	Pass	
P	NAME	Ramona Mock	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E
	ADDRESS	8640 Culana #J3003			1B	Pass	3B	Pass	
	CITY	Playa del Rey, Ca.	STATE	ZIP	1C	Pass	4A	Pass	
	TELEPHONE	213-823-0552	License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2	Pass	4B	Pass	
P	NAME	VALERIE F. CUMMING	CALL SIGN (if any)		1A	Pass	3A	Pass	UPGRADED TO: N/T/G/A/E
	ADDRESS	4816 PATRAE ST.			1B	Pass	3B	Pass	
	CITY	LOS ANGELES, CA	STATE	ZIP	1C	Pass	4A	Pass	
	TELEPHONE	(213) 821-0282	License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2	Pass	4B	Pass	

	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
PAGE TOTALS:	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>							
	Fail <input type="checkbox"/>	No <input type="checkbox"/>							



# MANIFEST OF APPLICANTS

PLACE OF EXAMINATION  
(City & State) M.D.R., CA

DATE OF EXAM 9-14-91

List all applicants taking amateur radio exams and the results for each element administered

PD

NAME <u>ROBIN BURT</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED TO: <input type="checkbox"/>
ADDRESS <u>9433 Blackley St Temple City CA 91780</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
CITY <u>Temple City</u>	STATE <u>CA</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>
TELEPHONE <u>286-2952</u>	ZIP <u>91780</u>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
License copy attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

PD

NAME <u>CHARLESH GALEN</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED TO: <input type="checkbox"/>
ADDRESS <u>5963 W 76TH STREET</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
CITY <u>LOS ANGELES</u>	STATE <u>CALIF</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>
TELEPHONE <u>213-215-3782</u>	ZIP <u>90045</u>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PD

NAME <u>Annette Whitesell</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED TO: <input type="checkbox"/>
ADDRESS <u>7715 Berryman Ave</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
CITY <u>Culver City</u>	STATE <u>CA</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>
TELEPHONE <u>391-7831</u>	ZIP <u>90230</u>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PD

NAME <u>Brad Coyne</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED TO: <input type="checkbox"/>
ADDRESS <u>12206 Malone Ave</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
CITY <u>L.A</u>	STATE <u>CA</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>
TELEPHONE <u>213 391-1566</u>	ZIP <u>90066</u>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PD

NAME <u>Paula Coyne</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED TO: <input type="checkbox"/>
ADDRESS <u>12206 Malone Ave</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
CITY <u>L.A</u>	STATE <u>CA</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>
TELEPHONE <u>213 391-1566</u>	ZIP <u>90066</u>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PD

NAME <u>AUDREY H. COPPLE</u>	CALL SIGN (if any)	1A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	UPGRADED TO: <input type="checkbox"/>
ADDRESS <u>8407C ROYDON AV.</u>		1B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	3B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	N/T:G/A/E <input type="checkbox"/>
CITY <u>WESTCHESTER</u>	STATE <u>CA</u>	1C Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4A Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Did not upgrade <input type="checkbox"/>
TELEPHONE <u>213-641-8127</u>	ZIP <u>90045</u>	2 Pass <input type="checkbox"/> Fail <input type="checkbox"/>	4B Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
License copy attached? Yes <input type="checkbox"/> No <input type="checkbox"/>				

PD

	1A	1B	1C	2	3A	3B	4A	4B	Upgraded?
PAGE TOTALS:	Pass <input type="checkbox"/>	Yes <input type="checkbox"/>							
	Fail <input type="checkbox"/>	No <input type="checkbox"/>							

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: $\rightarrow$		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)):		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							
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)	09/14/91								
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									
G. Examination session location: (VEC coordinated sessions only) MARINA DEL REY, 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 $\rightarrow$	
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) $\rightarrow$	
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 CHRISTINE	M.I. F.	LAST NAME MCELWAIN	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 09/18/44
7. CURRENT MAILING ADDRESS (Number and Street) 10331 LINDLEY AVE #141		CITY NORTHRIDGE	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 ABOVE		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  
No code Tech.

12. DATE SUBMITTED (Month, Day, Year)  
8-24-91

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) Christina McElwain	14. DATE SIGNED: 9/10/91
-----------------------------------------------------------------------	-----------------------------

**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)):	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)	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 CHRISTINE	M.I. F	LAST NAME McELWAIN	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 9-18-44
7. CURRENT MAILING ADDRESS (Number and Street) 10331 LINDLEY #141		CITY NORTHRIDGE	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
--------------------------------------------------------------------------	-----------------------------

(OVER)

(Print) NAME: CHRISTINE McELWAIN



Element: 1A Date: 9/14/91

Signature: Christine F. McElwain

NOVICE

5019283746 IS OT TNA KR G

W F YLCP .

OR X THE NAMES TO M [AND I AM  
IN TENNESSEE. THE TRAIN IS N  
OT AT THE STATION.]

ATTACHMENT 27

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

ADMINISTERING VECs' REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: $\blacktriangleleft$		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)):		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)					9-14-91				
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									
G. Examination session location: (VEC coordinated sessions only) MARINA DEL REY, 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 $\rightarrow$				
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) $\rightarrow$				
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)	FORMER LAST NAME	SUFFIX (Jr., Sr., etc.)		
	FORMER FIRST NAME	MIDDLE INITIAL		
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)
MICHAEL L	T	SUDO		4-12-67
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE	ZIP CODE
674 S JUNE STREET		LOS ANGELES	CA	21005
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)			CITY	STATE
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. <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) Michael T Sudo	14. DATE SIGNED: 9-11-91
-------------------------------------------------------------------	-----------------------------

**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)

MICHAEL BRYANT VE 7059

1B. VE'S STATION CALL SIGN:

N6UBW

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

*Michael Bryant*

DATE SIGNED:

9/14/91

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

RAYMOND A. NAVARRO VE 6130

2B. VE'S STATION CALL SIGN:

N6RXX

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

*Raymond A. Navarro*

DATE SIGNED:

9/14/91

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

JAMES E MCKINLEY VE 9437

3B. VE'S STATION CALL SIGN:

N6RPC

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

*James E. McKinley*

DATE SIGNED:

9/14/91

ATTACHMENT 28

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: $\leftarrow$		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)):		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)					9-14-91				
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)					WSYI				
G. Examination session location: (VEC coordinated sessions only)					MARINA DEL REY, 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 $\rightarrow$	
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) $\rightarrow$	
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.)	6. DATE OF BIRTH (Month, Day, Year)
WAYNE	J	BELL	Sr	10-7-57

7. CURRENT MAILING ADDRESS (Number and Street) #3      CITY INGLEWOOD      STATE CA      ZIP CODE 90303

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

SAME AS ABOVE      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)	14. DATE SIGNED:
Wayne J Bell (OVER)	9-14-91

**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:

ATTACHMENT 29

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)):	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: 9-14-91							
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											
G. Examination session location: (VEC coordinated sessions only) MARINA DELREY, 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 CHARLES	M.I. H	LAST NAME GALEN	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 2-10-49
----------------------------------	-----------	--------------------	-------------------------	------------------------------------------------

7. CURRENT MAILING ADDRESS (Number and Street) 5963 W 76TH STREET	CITY LOS ANGELES	STATE CA	ZIP CODE 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) Charles H Galen	14. DATE SIGNED: 9-14-91
--------------------------------------------------------------------	-----------------------------

(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.**

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

*MICHAEL BRYANT*      *VE 7059*

1B. VE'S STATION CALL SIGN:

*N6LLB W*

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

*Michael Bryant*

DATE SIGNED:

*9/14/91*

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

*RAYMOND A. NAVARRO*      *VE 6130*

2B. VE'S STATION CALL SIGN:

*N6RXX*

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

*Raymond A. Navarro*

DATE SIGNED:

*9/14/91*

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

*JAMES E. MCKINLEY*      *VE 9437*

3B. VE'S STATION CALL SIGN:

*N6RPC*

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

*James E. McKinley*

DATE SIGNED:

*9/14/91*