

ATTACHMENT 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: \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: \blacktriangleright			Exp Date						
D. Examination elements passed that were administered at this session: \blacktriangleright					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 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 \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)	
2F. <input type="checkbox"/> CHANGE NAME (Give former name) \blacktriangleright	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 William	M.I. R.	LAST NAME BETHEA, JR.	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 7-2-15
7. CURRENT MAILING ADDRESS (Number and Street) 617 N. BEDFORD DRIVE		CITY Beverly Hills	STATE CA	ZIP CODE 90210
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) William R. Bethea Jr. (OVER)	14. DATE SIGNED: 9-14-91
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ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

SECTION II - EXAMINATION INFORMATION

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

CERTIFICATION

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

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

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:

MICHAEL BRYANT VE#7059

N6UBW

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

DATE SIGNED:

Michael Bryant

9/14/91

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

2B. VE'S STATION CALL SIGN:

RAYMOND A. NAVARRO VE#6130

N6RXX

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

DATE SIGNED:

Raymond A. Navarro

9/14/91

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

3B. VE'S STATION CALL SIGN:

JAMES E. MCKINLEY VE#9437

N6RPC

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

DATE SIGNED:

James E. McKinley

9/14/91

ATTACHMENT 31

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)):	<input checked="" type="checkbox"/>	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"/>				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))									
F. Name of Volunteer-Examiner Coordinator: (VEC coordinated sessions only) W5YI - Group									
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 <input checked="" type="checkbox"/>	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS <input checked="" type="checkbox"/>	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) <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 VALERIE	M.I. F	LAST NAME CUMMING	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 4/9/42
7. CURRENT MAILING ADDRESS (Number and Street) 4816 PATRAE STREET		CITY LOS ANGELES	STATE CA	ZIP CODE 90066
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. <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) Valerie F. Cumming	14. DATE SIGNED: 9/14/91
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(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: <input type="checkbox"/> GENERAL <input type="checkbox"/> ADVANCED <input type="checkbox"/> 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: <input type="checkbox"/> GENERAL <input type="checkbox"/> ADVANCED <input type="checkbox"/> 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 7059	1B. VE'S STATION CALL SIGN: N6UBW
1C. SIGNATURE: (Must match Item 1A) <i>Michael Bryant</i>	DATE SIGNED: 9/14/91
2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) RAYMOND A. NAVARRO 6130	2B. VE'S STATION CALL SIGN: N6RXX
2C. SIGNATURE: (Must match Item 2A) <i>Raymond A. Navarro</i>	DATE SIGNED: 9/14/91
3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) JAMES E. MCKINLEY 9437	3B. VE'S STATION CALL SIGN: N6RPC
3C. SIGNATURE: (Must match Item 3A) <i>James E. McKinley</i>	DATE SIGNED: 9/14/91

ATTACHMENT 32
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)	(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	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)									
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) WSVI					I. VEC Receipt Date:				
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 →	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 ERROL	M.I. L	LAST NAME CHAMNESS	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 8/4/46
7. CURRENT MAILING ADDRESS (Number and Street) 1730 CAMINO PALMERO #217			CITY LOS ANGELES	STATE CA
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) Errol Chamness	14. DATE SIGNED: 9/14/91
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(OVER)

ATTACH THE ORIGINAL LICENSE OR PHOTOCOPY HERE

STILL

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 BRYAN 7059

1B. VE'S STATION CALL SIGN:
N6WBU

1C. SIGNATURE: (Must match Item 1A)
[Signature]

DATE SIGNED:
9/14/91

2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)
RAYMOND A. NAVARRO 6130

2B. VE'S STATION CALL SIGN:
N6RXX

2C. SIGNATURE: (Must match Item 2A)
[Signature]

DATE SIGNED:
9/14/91

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

3B. VE'S STATION CALL SIGN:
N6RRL

3C. SIGNATURE: (Must match Item 3A)
[Signature]

DATE SIGNED:
9/14/91



ATTACHMENT 33

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

Approved OMB
3080-0003
Expires 12/31/89

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: \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)):	\blacktriangleright	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: \blacktriangleright			Exp Date					
D. Examination elements passed that were administered at this session:	\blacktriangleright				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)									
W541									
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 \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	
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)
NELSON	E.	JONES		8-30-15
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE	ZIP CODE
269 MESA LILA RD.		GLENDALE	CA	91208
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)				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)	14. DATE SIGNED:
Nelson E. Jones	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.

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:

MICHAEL BRYANT (VE 7059)

N6UBW

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

DATE SIGNED:

Michael Bryant

9/14/91

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

2B. VE'S STATION CALL SIGN:

RAYMOND A. NAVARRO (VE 6130)

N6RXX

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

DATE SIGNED:

Raymond A. Navarro

9/14/91

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

3B. VE'S STATION CALL SIGN:

JAMES E. MCKINLEY (VE 9437)

N6RPC

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

DATE SIGNED:

James E. McKinley

9/14/91

ATTACHMENT 34

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)				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 →				EXPIRATION DATE (Month, Day, Year)							
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →				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) →											
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)							
SUDHIR		MUNSHI		5-8-39							
7. CURRENT MAILING ADDRESS (Number and Street)				CITY	STATE	ZIP CODE					
13753 KINBROOK ST.				SYLMAR	CA	91342					
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. <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:			
Sudhir Munshi								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:

MICHAEL BRYANT VE 7059

N64BW

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

DATE SIGNED:

Michael Bryant

9/14/91

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

2B. VE'S STATION CALL SIGN:

RAYMOND A. NAVARRO VE 6130

N6RXX

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

DATE SIGNED:

Raymond A. Navarro

9/14/91

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

3B. VE'S STATION CALL SIGN:

JAMES E. MCKINLEY VE 9437

N6RPC

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

DATE SIGNED:

James E. McKinley

9/14/91

ATTACHMENT 35

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEX 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:					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)					W54I				
G. Examination session location: (VEC coordinated sessions only)					MADINA 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 <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)
ROGER	A	MENESES		5/5/45

7. CURRENT MAILING ADDRESS (Number and Street)	CITY	STATE	ZIP CODE
18582 ASUNCION ST.	NORTHRIDGE	CA	91326

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. 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:
Roger A. Meneses	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: 11/

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 36

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEC'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 <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:					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 <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 DENNIS	M.I. J.	LAST NAME STOUFFER	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) 8/29/46
7. CURRENT MAILING ADDRESS (Number and Street) 430 W. HILLCREST BLVD		CITY INGLEWOOD,	STATE CA	ZIP CODE 90301
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. <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) <i>Dennis J. Stouffer</i>	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)		1D. VE'S STATION CALL SIGN	
1B. VE'S MAILING ADDRESS: (Number, Street, City, State, ZIP Code)			
1C. VE'S OPERATOR CLASS: <input type="checkbox"/> GENERAL <input type="checkbox"/> ADVANCED <input type="checkbox"/> AMATEUR EXTRA			
1E. LICENSE EXPIRATION DATE:	1F. IF YOU HAVE AN APPLICATION PENDING FOR YOUR LICENSE, GIVE FILING DATE:		
1G. SIGNATURE: (Must match Item 1A)		DATE SIGNED	

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

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

CERTIFICATION

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

1A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) <i>MICHAEL BRYANT VE1059</i>		1B. VE'S STATION CALL SIGN: <i>N6UBN</i>	
1C. SIGNATURE: (Must match Item 1A) <i>Michael Bryant</i>		DATE SIGNED: <i>9/14/91</i>	
2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) <i>RAYMOND A. NAVARRO VE6130</i>		2B. VE'S STATION CALL SIGN: <i>N6RXX</i>	
2C. SIGNATURE: (Must match Item 2A) <i>Raymond A. Navarro</i>		DATE SIGNED: <i>9/14/91</i>	
3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) <i>JAMES E. McKINLEY VE 9437</i>		3B. VE'S STATION CALL SIGN: <i>N6RPC</i>	
3C. SIGNATURE: (Must match Item 3A) <i>James E. McKinley</i>		DATE SIGNED: <i>9/14/91</i>	

ATTACHMENT 37

APPLICATION FOR AMATEUR RADIO STATION AND/OR OPERATOR LICENSE

NO FCC FILING FEE REQUIRED (see instruction H)

ADMINISTERING VEC REPORT		EXAMINATION ELEMENTS							
Applicant is credited for: <input checked="" type="checkbox"/>		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)):	Class →	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)	
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):		Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number: →	Exp Date							
D. Examination elements passed that were administered at this session:					X	X			
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

- 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.
- 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	
- CALL SIGN (If you checked 2C above, skip items 3 and 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)
ROBIN	J	BURT		8/1/63
7. CURRENT MAILING ADDRESS (Number and Street)		CITY	STATE	ZIP CODE
9433 BLACKLEY STREET		TEMPLE CITY	CA	91780
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. <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>Robin J. Burt</i> (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:

Michael Bryant 7059

N6UBW

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

DATE SIGNED:

Michael Bryant

9/14/91

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

2B. VE'S STATION CALL SIGN:

Raymond A. Navarro 6130

N6RXX

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

DATE SIGNED:

Raymond A. Navarro

9/14/91

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

3B. VE'S STATION CALL SIGN:

James E. McKinley 9437

N6RPC

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

DATE SIGNED:

James E. McKinley

9/14/91

ATTACHMENT 38

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: →		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							
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 →	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →	
2C. <input type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)
2D. <input checked="" type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible—See Inst. 2E)	FORMER FIRST NAME MIDDLE INITIAL
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	
2G. <input 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 91324
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 1.1306 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
11. PURPOSE OF OTHER APPLICATION No code Tech.			12. DATE SUBMITTED (Month, Day, Year) 8-24-91	

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 McElwain	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: <input type="checkbox"/> GENERAL <input type="checkbox"/> ADVANCED <input type="checkbox"/> 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: <input type="checkbox"/> GENERAL <input type="checkbox"/> ADVANCED <input type="checkbox"/> 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) <i>MICHAEL BRYANT</i> <i>7059</i>	1B. VE'S STATION CALL SIGN: <i>N6UBW</i>
1C. SIGNATURE: (Must match Item 1A) <i>Michael Bryant</i>	DATE SIGNED: <i>9/14/91</i>
2A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) <i>RAYMOND A NAVARRO</i> <i>6130</i>	2B. VE'S STATION CALL SIGN: <i>N6RXX</i>
2C. SIGNATURE: (Must match Item 2A) <i>Raymond A. Navarro</i>	DATE SIGNED: <i>9/14/91</i>
3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type) <i>JAMES E MCKINLEY</i> <i>9437</i>	3B. VE'S STATION CALL SIGN: <i>N6RPE</i>
3C. SIGNATURE: (Must match Item 3A) <i>James E. McKinley</i>	DATE SIGNED: <i>9/14/91</i>

(Print)
NAME:

CHRISTINE McELWAIN



Element:

1A.

Date:

9/14/91

Signature:

Christine F. McElwain

NOVICE

5019283746 IS OT TNA KRG

W F YLCP

OR X THE NAMES TO M [AND I AM

IN TENNESSEE. THE TRAIN IS N
OT AT THE STATION.

ATTACHMENT 39

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)): <i>Technician</i>	Class → (NT)	(NT)	(GA)		(NTGA)	(TGA)	(GA)	(A)		
B. CERTIFICATE(S) OF SUCCESSFUL COMPLETION OF AN EXAMINATION HELD (97.25(b)):	→	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	Date issued	
C. FCC Commercial Radiotelegraph Operator License held (97.25(c)):	Number: →			Exp Date						
D. Examination elements passed that were administered at this session:	→		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 type="checkbox"/> TECHNICIAN (Elements 1(A), 1(B), or 1(C), 2 and 3(A))						I. VEC Receipt Date:				
<input checked="" 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) <i>W5YI</i>										
G. Examination session location: (VEC coordinated sessions only) <i>MARINA DELREY, CA</i>										

SECTION I

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

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

2A. <input type="checkbox"/> RENEW LICENSE - NO OTHER CHANGES →	EXPIRATION DATE (Month, Day, Year)
2B. <input type="checkbox"/> REINSTATE LICENSE EXPIRED LESS THAN 2 YEARS →	
2C. <input type="checkbox"/> EXAMINATION FOR NEW LICENSE	FORMER LAST NAME SUFFIX (Jr., Sr., etc.)
2D. <input checked="" type="checkbox"/> EXAMINATION TO UPGRADE OPERATOR CLASS	
2E. <input type="checkbox"/> CHANGE CALL SIGN (Be sure you are eligible - See Inst. 2E)	FORMER FIRST NAME MIDDLE INITIAL
2F. <input type="checkbox"/> CHANGE NAME (Give former name) →	
2G. <input 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)
KC6YJC

4. OPERATOR CLASS OF THE ATTACHED LICENSE:
Technician

5. CURRENT FIRST NAME <i>JOSEPH</i>	M.I. <i>H</i>	LAST NAME <i>PHAM</i>	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) <i>5/5/48</i>
--	------------------	--------------------------	-------------------------	--

7. CURRENT MAILING ADDRESS (Number and Street) <i>15427 GERKIN AVE</i>	CITY <i>LAWNDALE</i>	STATE <i>CA</i>	ZIP CODE <i>90260</i>
---	-------------------------	--------------------	--------------------------

8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See Instruction 8)
15427 GERKIN AVE. CITY *LAWNDALE* STATE *CA*

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

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

11. PURPOSE OF OTHER APPLICATION

12. DATE SUBMITTED (Month, Day, Year)

CERTIFICATION

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

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

13. SIGNATURE OF APPLICANT: (Must match item 5) <i>Joseph Pham</i> (OVER)	14. DATE SIGNED: <i>9/14/91</i>
---	------------------------------------

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

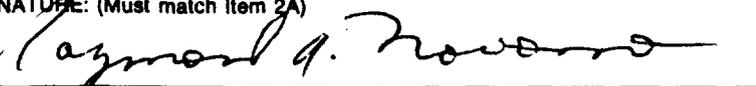
1B. VE'S STATION CALL SIGN:
 N6UBW

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


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)


DATE SIGNED:
 9/14/91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)
 JAMES E. MCKINEY VE 9437

3B. VE'S STATION CALL SIGN:
 N6RPC

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


DATE SIGNED:
 9/14/91

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION



AMATEUR RADIO LICENSE



KC6YJC

JOSEPH H PHAM
15427 GERKIN AVE
LAWDALE CA 90260

Special Conditions

Fixed Station Operation Location
SAME AS MAILING ADDRESS

Effective Date

Expiration Date

07/09/91

07/09/01

Operator Privileges

Static Privileges

TECHNICIAN

PRIMARY

01947

THIS LICENSE SUBJECT TO CONDITIONS OF GRANT ON THE REVERSE SIDE

NOT TRANSFERABLE

Joseph H Pham

(LICENSEE'S SIGNATURE)

FCC FORM 650
JUNE 1991

USED TA

Element:

Date:

9/14/91

Signature:

Torreyham

W N4ZXW DE N9IVT

ARR THANKS BILL FOR THE CALL BT
YOUR RST IS 589 BT

QTH IS CHICAGO, ILLINOIS BT
NAME IS FRANK BT 65

RIG IS A KEENWOOD TS 940S RUNNING
180 WATTS.

ANTENNA IS A 2 ELEMENT BEAM
UP 60 FEET BT

WEATHER IS COOL AND CLOUDY
TEMPERATURE IS 31/34 DEGREES BT
OCCUPATION IS A COMPUTER PROGRAMMER
BT

I LIKE TO OPERATE ON THE 20 METER
CW BAND BT

73 AND THANKS FOR THE QSO SK BT
HOW COPY? N4ZXW DE N9IVT BT

ATTACHMENT 40
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: \rightarrow		1(A)	1(B)	1(C)	2	3(A)	3(B)	4(A)	4(B)
A. FCC Amateur license held (97.25(a)): <i>General</i>	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	
E. APPLICANT is qualified for operator license class: <input type="checkbox"/> None:		H. Date of VEC coordinated examination session: <i>9/14/91</i>							
E1. <input type="checkbox"/> NOVICE (Elements 1(A), 1(B), or 1(C) and 2)		I. VEC Receipt Date:							
E2. <input 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 checked="" 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) <i>W5YI</i>									
G. Examination session location: (VEC coordinated sessions only) <i>WS MANINA RD, RAY CA.</i>									

SECTION I

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

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

2A. <input type="checkbox"/> RENEW LICENSE—NO OTHER CHANGES \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)
N6WFA

4. OPERATOR CLASS OF THE ATTACHED LICENSE:
GENERAL

5. CURRENT FIRST NAME <i>Charles</i>	M.I. <i>C</i>	LAST NAME <i>DECARVALLO</i>	SUFFIX (Jr., Sr., etc.)	6. DATE OF BIRTH (Month, Day, Year) <i>6/9/40</i>
7. CURRENT MAILING ADDRESS (Number and Street) <i>315 29TH PLACE</i>		CITY <i>MANHATTAN BCN</i>	STATE <i>CA</i>	ZIP CODE <i>90226</i>
8. CURRENT STATION LOCATION (Do not use a P.O. Box No., RFD No., or General Delivery. See instruction 8) <i>SAMP</i>			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, YES NO

11. PURPOSE OF OTHER APPLICATION

12. DATE SUBMITTED (Month, Day, Year)
9/14/91

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) <i>Charles DeCarvallo</i>	14. DATE SIGNED: <i>9/14/91</i>
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(OVER)

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

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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)
 MICHAEL BRYANT VE 7059

1B. VE'S STATION CALL SIGN:
 K6VDS

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. MARRI VE 6130

2B. VE'S STATION CALL SIGN:
 L6KXV

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

DATE SIGNED:
 9/14/91

3A. VOLUNTEER EXAMINER'S NAME: (First, MI, Last, Suffix) (Print or Type)
 JAMES E. MCKENZIE VE 9437

3B. VE'S STATION CALL SIGN:
 N6RPC

3C. SIGNATURE: (Must match Item 3A)
 James E. McKenzie

DATE SIGNED:
 9/14/91