



TELECOMMUNICATIONS UNIT

APPLICATION FOR AMATEUR RADIO OPERATOR RECIPROCAL LICENCE

(Please tick the appropriate box (es))

General Class

VHF Class

Novice Class

SECTION A – APPLICANTS DETAILS PLEASE COMPLETE IN BLOCK LETTERS

Full Name First Name _____ MI _____ LastName _____ Call Sign (yours) _____ Class _____
Place of Birth City _____ State _____ Country _____ Nationality _____
Date of Birth Date _____ Month _____ Year _____
Physical Address _____ (Street Address) City _____ State _____ Zip code _____ Country _____ Telephone No.: _____ Telefax: _____
Mailing Address _____ (PO Box) City _____ State _____ Zip code _____ Country _____ Email _____
Address in BVI _____ Expected date of Arrival _____ Expected date of Departure _____

SECTION B – DECLARATION

I declare that all details shown above are correct to the best of my knowledge and that I will abide by the terms of the Licence. I also declare that I have no objection to information about my radio equipment (if applicable) being disclosed to the International Telecommunication Union.

Signature of Applicant: _____

Full name (Block Capitals): _____

Date: _____

This application is not complete without the following items. Incomplete applications will not be processed. Please indicate class of license and call sign if Reciprocal.

1. Birth certificate or passport or (notarized copy)
2. Current Amateur Radio License (notarized copy)

Contact:

**Mr. Gregory A. Nelson, Telecommunications
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FOR OFFICIAL USE ONLY:

Date of Issue: _____ Issued by: _____

LicenceNo.: _____ Expiry Date: _____ Call Sign: _____