

TO: THE GOVERNOR OF ARUBA
C/O DIRECTIE TELECOMMUNICATIEZAKEN
RUMBASTRAAT 19
ORANJESTAD
ARUBA

- FIRST TIME
 RENEWAL

THE UNDERSIGNED REQUESTS A LICENSE TO OPERATE AN AMATEUR RADIO STATION IN ARUBA AND AGREES THAT IF A LICENSE IS GRANTED HIS/HER OPERATION WILL BE IN ACCORDANCE WITH:

1. THE RULES OF THE ITU RADIO REGULATIONS CONCERNING AMATEUR RADIO OPERATION.
2. THE TERMS AND CONDITIONS OF THE AMATEUR RADIO LICENSE ISSUED TO HIM/ HER BY HIS/ HER GOVERNMENT.
3. THE TERMS AND CONDITIONS OF THE BILATERAL AGREEMENT CONCERNING AMATEUR RADIO OPERATION BETWEEN HIS/ HER GOVERNMENT AND THE GOVERNMENT OF ARUBA.
4. ANY FURTHER CONDITIONS ATTACHED TO THIS LICENSE BY THE GOVERNMENT OF ARUBA.

FURTHER HE/ SHE UNDERSTANDS THAT ANY LICENSE ISSUED TO HIM/ HER MAY BE SUMMARILY MODIFIED, SUSPENDED OR CANCELLED WITHOUT ADVANCE NOTICE. HE/ SHE CERTIFIES THAT ALL OF THE INFORMATION SUBMITTED HEREIN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/ HER KNOWLEDGE.

FIRST NAME(S):..... NATIONALITY :.....
SURNAME :..... CALLSIGN :.....
BIRTHPLACE :..... COUNTRY OF ISSUE:.....
DATE OF BIRTH:..... EXPIRATION DATE:.....
PROPOSED OPERATION IN ARUBA FROM: TO(DATES)
REQUESTED SPECIAL CALL SIGN*:.....OTHER OPTION (S):.....
*FORMATION OF SPECIAL CALL SIGN: PREFIX P4Ø FOLLOWED BY A SUFFIX OF 1 TO 2 LETTERS
RANGING FROM A TO Z.
FREQUENCY BAND(S): TYPE(S) OF EMISSION:
DESCRIPTION OF XMTR:
TYPE OF STATION: XMTR POWER:WATT
ADDRESS IN YOUR COUNTRY:
MAILING ADDRESS IN ARUBA:
E-MAIL:.....
TELEPHONE/ FAX IN YOUR COUNTRY:/.....
DATE SIGNED: SIGNATURE:

THIS FORM MUST BE COMPLETED AND RETURNED AT LEAST TWO (2) MONTHS PRIOR TO YOUR VISIT TO DIRECTIE TELECOMMUNICATIE ZAKEN, RUMBASTRAAT 19, ORANJESTAD, ARUBA, ACCOMPANIED BY A PHOTOCOPY OF YOUR VALID LICENSE AND PASSPORT. WITHOUT A COPY OF YOUR VALID LICENSE YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

PLEASE DO NOT SEND CASH MONEY OR BANKCHEQUE TO OUR DIRECTORATE, ALL PAYMENTS MUST BE DONE ON OUR ACCOUNT NR. 30.71.073 AT RBTT BANK ARUBA, CAYA G.F. (BETICO) CROES 89, ORANJESTAD, ARUBA, MENTIONING OUR INVOICE NUMBER.

ADDITIONAL INFORMATION

1. THE APPLICANT MUST BE 15 YEARS OF AGE OR OLDER.
2. FOR ALL APPLICANTS A JUDICIAL SCREENING HAS TO BE CONDUCTED WHICH TAKES APPROXIMATELY TWO (2) MONTHS, AFTER WHICH WE MAY PROCEED TO ISSUE A VISITOR'S LICENSE.
3. FOR THE HANDLING OF YOUR APPLICATION, WE CHARGE A HANDLING FEE OF AFL. 50, =.
4. A VISITOR'S LICENSE IS VALID FOR ONE (1) YEAR AND THE FEE IS AFL. 50, =.
5. A SPECIAL CALL SIGN CAN BE ISSUED SEPARATELY FROM YOUR VISITOR'S LICENSE FOR THE MAXIMUM PERIOD OF ONE (1) MONTH AND THE FEE IS AFL. 50, =.
6. IF INSPECTION OF THE EQUIPMENT IS REQUIRED, THERE IS AN INSPECTION FEE OF AFL. 50, =.
7. THE FEE FOR GOVERNMENT STAMPS IS AFL. 8, =