

**DIVISION OF COMMUNICATION
BUREAU OF COMMERCIAL DEVELOPMENT
MINISTRY OF COMMERCE & TRADE
P.O. BOX 100, KOROR, PALAU 96940
TEL. (680) 488-4343 FAX: (680) 488-3207**

APPLICATION FOR AMATEUR RADIO LICENSE

APPLICANT-To be completed by all applicants

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| <p>1. <i>NAME OF APPLICANT(last, first, middle)</i></p> <p>_____</p> <p>2. <i>MAILING ADDRESS</i></p> <p>_____</p> <p>2. <i>RESIDENCE</i></p> <p>_____</p> <p>4. <i>DATE OF BIRTH</i></p> <p>_____</p> <p>MONTH/DAY/YEAR</p> | <p>5. <i>PLACE OF BIRTH</i></p> <p>_____</p> <p>6. <i>CITIZENSHIP</i></p> <p><input type="checkbox"/> MICRONESIA <input type="checkbox"/> U.S.</p> <p><input type="checkbox"/> GERMANY <input type="checkbox"/> JAPAN</p> <p><input type="checkbox"/> OTHER(SPECIFY) _____</p> <p>7. <i>ARE YOU A REPRESENTATIVE OF ALIEN OR FOREIGN GOV'T. IF "YES" EXPLAIN:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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II. DESCRIPTION OF APPLICATION AND AMATEUR STATUS – To be completed by all applicants

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| <p>8. a. <input type="checkbox"/> Operator Only <input type="checkbox"/> Operator and Station</p> <p>b. <input type="checkbox"/> New <input type="checkbox"/> Modified <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate</p> <p>c. Operator privileges _____</p> <p>d. <input type="checkbox"/> Club, the official name of said Club is _____
of which I am the trustee and hereby accept full responsibility for the station.</p> | <p>12. <i>Do you have any other amateur application which has not been acted upon:</i></p> <p>If so, give date of filing: _____</p> <p>13. <i>Identify and attach copy of current or previous amateur license issued by this Gov't or any agency of the U.S. Gov't. If non, so state. If applying for location change to previous call area.</i></p> |
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Responsibility for the station

9. *If for modification or renewal and filed within 120 days before expiration date or within one year after expiration of present license I do/ do not certify that I have satisfied minimum operating time and code speed requirements. (Attach original of license)*
- _____

Class of operator license.

10. *If for duplicate license, the original license was mutilated and re-submitted herewith, or was lost or destroyed as follows (state circumstances)*
- _____

14. *If code test credit is claimed for commercial radiotelegraph license. identify last one issued.*
- _____

CLASS SERIAL NO. DATE ISSUED

11. Have you failed an amateur examination within the last 30 days?

Yes

No

INFORMATION ON RADIO STATION – To be completed if applying for station license

15 a. The station will be under my exclusive control on premises located at::

b. The above premises are used as my _____
(home, office, etc.) and the equipment will be inaccessible to unauthorized persons.

17. Type and model number of equipment

18. If on premises under U.S. Armed Forces Corporate or institutional jurisdiction, I have obtained approval of the official in charge whose signature follows.

16. Will transmitter be operated from a remote control point?

Yes

No

If "Yes" give location of remote control point.

SIGNATURE

TITLE

I hereby waive any claim to the use of any particular frequency and if granted an amateur radio license, I will comply with all communication laws, rules and regulations of this Republic of Palau Government applicable to amateur Radio Service.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____ 20__.

SIGNATURE OF APPLICANT

DISTRICT ADMINISTRATOR OR COMMANDING
OFFICER OF U.S. ARMED FORCES INTALLATION

For Director of Communication Use Only

APPROVED BY

DISAPPROVED BY

AMATEUR RADIO LICENSE NO.

REASON

ISSUED

EXPIRES

CALL SIGN

OPERATOR PRIVILEGES