



Application form
Amateur Radio
Reciprocal Licence

APPLICANT'S DETAILS

Name *Title* *Forenames* *Surname*

Address

Tel: **Fax:**

Email:

Date of Birth:

Contactable Address whilst in Gibraltar

Equipment Details

Make *Model* *Serial No.*

Licence Details

Period of stay: From **to:**

Call Sign: **Country of residence:**

(As stated on your Full Licence from your Country)

Date of Issue

(Originals must be produced when collecting licence, submit photocopies with application)

DECLARATION

I certify that the information I have given is correct to the best of my knowledge.

Signed **Date**

Name

Please return the completed form to:

Gibraltar Regulatory Authority
Suite 811 Europort
Gibraltar

Tel: +350 74636 **Fax:** +350 72166 **email:** info@gra.gi