AMATEUR RADIO OPERATOR LICENSE
Application Form

Please attach 2 (two) recent and signed on the back passport-sized photographs here using a paper clip

[Test Center Stamp]

All required fields must be completed. Required fields are noted with an asterisk (*).

PLEASE WRITE IN BLOCK LETTERS

* Last (Family/Surname) Name (as on photo ID)

* First (Given) Name (as on photo ID)

Father's Name

Mother's Name

* Present Address

* Permanent Address

* Telephone/Mobile Number

* Date of Birth

d d m m y y y y

Email/Web Address

* Gender

f m

* Educational Qualification

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Occupation

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* Have You Taken The License Test Before?

No ☐   Yes, Previous Candidate ID | | | | | | | | | | | | | | | | | |

Why Are You Taking The Test?

* Please indicate which Document will be used as Proof of Identity during the License Test and give the Number/Details here

National Identity Card ☐   Passport ☐   Others _____

National ID Card/Passport No. | | | | | | | | | | | | | | | | | | |

* Please indicate which Month is Preferred for the Test, this form must be received at BTRC at least 2 (two) weeks before the Test Month Choice.

Jan ☐   Feb ☐   Mar ☐   Apr ☐   May ☐   Jun ☐
Jul ☐   Aug ☐   Sep ☐   Oct ☐   Nov ☐   Dec ☐

* Attached Letter of Consent from Parent(s)/Guardian(s) for Candidates studying in Standard/Class 10 (ten) and below

Not Applicable ☐   Yes ☐

I hereby agree to the conditions set forth in the Guideline, specifically those concerning test administration, payment of fees, score reporting, and the confidentiality of test questions. I certify that I am the person who will take the test at the test center and whose name and address appear on this form.

Signature _____   Date _____

For Office Use Only

Candidate ID | | | | | | | | | | | | | | | | | | |

Test Date | d | d | m | m | y | y | y | y | Test Time | h | h | m | m | Test Venue | | |

Date of Payment | d | d | m | m | y | y | y | y | Receipt Number | | | | | | | | |

Administrator's Signature _____   Date _____