

**NCVEC QUICK-FORM 605 APPLICATION FOR
AMATEUR OPERATOR/PRIMARY STATION LICENSE**

SECTION 1 - TO BE COMPLETED BY APPLICANT			
PRINT LAST NAME 1	SUFFIX (Jr., Sr.)	FIRST NAME 2	INITIAL
MAILING ADDRESS (Number and Street or P.O. Box) 4		STATION CALL SIGN (IF ANY) 3	
CITY 4	STATE CODE	ZIP CODE (5 or 9 Numbers)	SOCIAL SECURITY NUMBER (SSN) or (FRN) FCC FEDERAL REGISTRATION NUMBER 5
DAYTIME TELEPHONE NUMBER (Include Area Code) OPTIONAL 7	FAX NUMBER (Include Area Code) OPTIONAL	E-MAIL ADDRESS (OPTIONAL) 6	
Type of Applicant 8	<input type="checkbox"/> Individual	<input type="checkbox"/> Amateur Club	<input type="checkbox"/> Military Recreation
I HEREBY APPLY FOR (Make an X in the appropriate box(es)) 9			RACES (Modify Only)
<input type="checkbox"/> EXAMINATION for a new license grant	<input type="checkbox"/> CHANGE my mailing address to above address		CLUB, MILITARY RECREATION, OR RACES CALL SIGN
<input type="checkbox"/> EXAMINATION for upgrade of my license class	<input type="checkbox"/> CHANGE my station call sign systematically		SIGNATURE OF RESPONSIBLE CLUB OFFICIAL (Not trusted)
<input type="checkbox"/> CHANGE my name on my license to my new name	Applicant's Initials: _____		
Former Name: _____	<input type="checkbox"/> RENEWAL of my license grant.		
Do you have another license application on file with the FCC which has not been acted upon?		PURPOSE OF OTHER APPLICATION	PENDING FILE NUMBER (FOR VEC USE ONLY)
I certify that:			
<input checked="" type="checkbox"/> I waive any claim to the use of any particular frequency regardless of prior use by license or otherwise; <input type="checkbox"/> All statements and attachments are true, complete and correct to the best of my knowledge and belief and are made in good faith; <input type="checkbox"/> I am not a representative of a foreign government; <input type="checkbox"/> I am not subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862; <input type="checkbox"/> The construction of my station will NOT be an action which is likely to have a significant environmental effect (See 47 CFR Sections 1.1301-1.1319 and Section 97.13(a)); <input type="checkbox"/> I have read and WILL COMPLY with Section 97.13(c) of the Commission's Rules regarding RADIOFREQUENCY (RF) RADIATION SAFETY and the amateur service section of OST/IET Bulletin Number 65.			
Signature of applicant: Must match applicant's name above. Clubs: 2 different individuals must sign.		Date Signed: _____	
X	10	11	

SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VEs	
Applicant is qualified for operator license class:	DATE OF EXAMINATION SESSION
<input type="checkbox"/> NO NEW LICENSE OR UPGRADE WAS EARNED	EXAMINER SESSION LOCATION
<input type="checkbox"/> TECHNICIAN Element 2	VEC ORGANIZATION
<input type="checkbox"/> GENERAL Elements 2 and 3	VEC RECEIPT DATE
<input type="checkbox"/> AMATEUR EXTRA Elements 2, 3 and 4	

I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIREMENTS IN PART 97 OF THE COMMISSION'S RULES AND WITH THE INSTRUCTIONS PROVIDED BY THE COORDINATING VEC AND THE FCC.

1st VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name)	DATE SIGNED
2nd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name)	DATE SIGNED
3rd VEs NAME (Print First, MI, Last, Suffix)	VEs STATION CALL SIGN	VEs SIGNATURE (Must match name)	DATE SIGNED

DO NOT SEND THIS FORM TO FCC - THIS IS NOT AN FCC FORM. IF THIS FORM IS SENT TO FCC, FCC WILL RETURN IT TO YOU WITHOUT ACTION. NCVEC FORM 606 - June 2016 FOR VEEVEC USE ONLY - Page 1

INSTRUCCIONES para IMPRESO NCVEC Form 605

- Escribir en letras mayúsculas si se ha impreso el formulario en blanco o directamente en el ordenador antes de la impresión. En cualquier caso se deberá firmar a bolígrafo en la versión impresa antes de entregarlo en el stand de URE
- Observa que el impreso tiene dos páginas. Deben imprimirse las dos caras del impreso aunque solo se rellena cara 1.
- Revisa que has rellenado correctamente todos los puntos antes de entregar el impreso en el stand de URE en IberRadio.

- 1- PRINT LAST NAME:** Poner los dos apellidos completos
- 2- FIRST NAME:** Nombre de pila del candidato.
- 3- STATION CALL:** No poner nada a menos que se ya se posea indicativo USA. No poner el indicativo EA en ningún caso.
- 4- MAILING ADDRESS:** Es imprescindible poner una dirección postal de EEUU en la que puedas recibir correo de la FCC. Revisa que el código postal (ZIP code) y la abreviatura del estado (state code de 2 letras) son correctos.
- 5- SOCIAL SECURITY NUMBER (SSN) or (FRN) FEDERAL REGISTRATION NUMBER(*):** Si no eres ciudadano de los EEUU o no tienes número de la Seguridad Social USA, puedes obtener un FRN siguiendo las instrucciones en el pdf adjunto CÓMO OBTENER EL NUMERO FRN. PDF (10 dígitos empezando por 0)
- 6- E-MAIL ADDRESS:** Muy importante poner un email correcto y claro (en minúsculas si así corresponde). Aquí enviará la FCC tu licencia en PDF.
- 7- DAYTIME TELEPHONE NUMBER:** Es opcional. Si lo pones no olvides anteponer el prefijo +34
- 8- Type of Applicant:** Marca con una X en la casilla "Individual"
- 9- I HEREBY APPLY FOR:** Si no tienes indicativo USA pon una X en "Examination for a new license". Si ya tienes indicativo y solicitas subir de clase marca en "Examination for upgrade..."
- 10- Signature of Applicant:** Firma aquí el impreso
- 11- Date Signed:** Pon la fecha del examen y en formato mes/dia/año (09/15/2018)

(* Si tienes indicativo USA puedes consultar tu FRN en esta dirección <http://wireless.fcc.gov/uls>

RELLENAR SÓLO LOS SITIOS MARCADOS

NO RELLENAR ESTA PARTE