

ARRL VEC, 225 Main Street, Newington, CT 06111 Phone: 1-860-594-0300 web: arrl.org/volunteer-examiners

VOLUNTEER EXAMINER APPLICATION FORM

PLEASE Type or Print Clearly in Ink	(check one)			
Call Sign:	☐ Advanced ☐ Extra	License Expi	ration Date:	
Name:				
(First, Middle Initial, Last)				
Mailing Address (street or POB):				
City:	State:	_ZIP:	Country:	
Phone: ()	_ Email Address:			
Has your FCC license ever been suspended	or revoked?		☐ YES ☐ NO	
Have you ever been disaccredited by another VEC? □ YES □ NO				
If yes, which VEC(s) and when?			_	
For Instant Accreditation, have you participated as a VE in another VEC program and is your accreditation in that program current?				
CERTIFICATION				
By signing the ARRL VE Application Form, <u>I certify</u> that to the best of my knowledge that the above information AND the following statements are true:				
 I am at least 18 years of age. I agree to comply with the FCC Part 97Amateur Radio Service Rules, especially Subpart F (§97.509). I agree to comply with examination procedures established by the ARRL as Volunteer Examiner Coordinator. I understand that the ARRL as my coordinating VEC, or I as an accredited ARRL VE, may terminate this relationship at any time, with or without any reason or cause. I understand that violation of the FCC Rules or willful noncompliance with the VEC will result in the loss of my VE accreditation and could result in loss of my Amateur Radio operator or station licenses, or both. I understand that, even though I may be accredited as a VE, if I am not able or competent to perform certain VE functions required for any particular examination, I should not administer that examination (§97.525). 				
Signature Required*		Call S	 Sign	Date

^{*}By typing your name above, you are signing this form electronically. Understand that your electronic signature is legally binding, as if you had physically signed the document by hand.