

PREREGISTRATION FORM

FCC Amateur Radio Operator License Examination
by the ARRL VEC Tokyo VE Team

PLEASE PRINT or TYPE

Last Name:		Suffix:	
First Name:		Middle Initial:	
Current address:			
E-mail:		Phone:	Fax:

日本語 : (for Japanese only)	
氏名 :	郵便番号 :
住所 :	

*Current US Call Sign:	Class:
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Mailing Address in USA:

Do you have any valid CSCE?	No <input type="checkbox"/>	*Yes: <input type="checkbox"/> Element: / Date issued (mm/dd/yy)
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Which element(s) do you wish to take at this session?		
<input type="checkbox"/> 2: (Technician)	<input type="checkbox"/> 3: (General)	<input type="checkbox"/> 4: (Extra)

(Non American citizen only) Your home Call Sign
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Date of birth:			
Month:	Day:	Year:	

*Please attach a photocopy of your valid FCC license and/or valid CSCE if you have one.

Date: _____ Signature: _____