



TELECOMMUNICATIONS REGULATORY COMMISSION

APPLICATION FOR AMATEUR RADIO LICENCE LOCAL OPERATOR

(Please tick the appropriate box (es))

- General Class
 VHF Class
 Novice Class

SECTION A – APPLICANTS DETAILS PLEASE COMPLETE IN BLOCK LETTERS

Full Name First Name _____ MI _____ Last Name _____
Place of Birth City _____ State _____ Country _____ Nationality _____
Date of Birth Date _____ Month _____ Year _____
Physical Address Street Address _____ City _____ State _____ Zip code _____ Country _____ Telephone No.: _____ Telefax: _____
Mailing Address Street Address _____ or PO Box _____ City _____ State _____ Zip code _____

SECTION B – DECLARATION

I declare that all details shown above are correct to the best of my knowledge and that I will abide by the terms of the Licence. I also declare that I have no objection to information about my radio equipment (if applicable) being disclosed to the International Telecommunication Union.

Signature of Applicant: _____

Full name (Block Capitals): _____

Date: _____

Country _____ Email _____

This application is not complete without the following items. Incomplete applications will not be processed.

1. Birth certificate or passport page copied in office or (notarized copy)
2. Current Amateur Radio Certificate copied in office or (notarized copy)

Contact:

Telecommunications Regulatory Commission
 Government of the British Virgin Islands
 L.M. Business Centre
 P.O. Box 4401, Road Town, Tortola

British Virgin Islands VG1110
 Tel: (284) 468-4165, Ext. 4165
 Fax: (284) 494-6786
 Email: RL.Applications@trc.vg

FOR OFFICIAL USE ONLY:

Date of Issue: _____	Issued by: _____
Licence No.: _____	Expiry Date: _____
Class _____	Call Sign: _____