



TELECOMMUNICATIONS REGULATORY COMMISSION

APPLICATION FOR AMATEUR RADIO LICENCE
RECIPROCAL OPERATOR RENEWAL

(Please tick the appropriate box (es))

- General Class
- VHF Class
- Novice Class

SECTION A – APPLICANTS DETAILS

<p>Full Name First Name _____ MI _____ Last Name _____</p> <p>Call Sign (yours) _____ Class _____ Current License No. _____</p>
<p>Physical Address Street address _____</p> <p>City _____ State _____ Zip code _____</p> <p>Country _____ Telephone No.: _____ Telefax: _____</p>
<p>Mailing Address Street address _____ or PO Box _____</p> <p>City _____ State _____ Zip code _____</p> <p>Country _____</p> <p>Email _____</p>
<p>Address in BVI _____</p> <p>Expected date of Arrival _____ Expected date of Departure _____</p>

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: _____

This application is not complete without the following items. Incomplete applications will not be processed. Please indicate class of license and call sign.

1. Current Amateur Radio License from country of origin copied in office or (notarized copy)
2. Copy of current BVI Amateur Radio License

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
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Email: RL.Applications@trc.vg**

FOR OFFICIAL USE ONLY

Renewal Date: _____ Issued by: _____ Expiry Date: _____
