



TELECOMMUNICATIONS REGULATORY COMMISSION

APPLICATION FOR AMATEUR RADIO LICENCE RECIPROCAL 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 _____ Call Sign (yours) _____ Class _____
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 _____ Country _____ Email _____
Address in BVI _____ Expected date of Arrival _____ Expected date of Departure _____

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. Birth certificate or passport page copied in office or (notarized copy)
2. Current Amateur Radio License 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: _____
LicenceNo.: _____	Expiry Date: _____ Call Sign: _____