

Amateur Radio Study Session

Please print **LEGIBLY** and mail to

Kauai Amateur Radio Club, KH6AS
6447 Kahuna Rd
Kapaa, HI 96746

Date: _____

Last name _____

First name _____ Middle initial _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Day phone _____

E-mail _____

Social Security # (required by FCC) _____

Sponsor (name and call sign) _____

Test class (check one) Tech _____ (if upgrade) General _____ Extra _____

Ham call (if you have one) _____ License class _____

Please have two IDs (required by FCC). One must be a picture ID. Two picture IDs is preferred.

ID type: DL # _____ Passport # _____

Other _____

Please have exact change in cash.

Form 08/01/11

Test only - \$14 _____ Study guide - \$9 _____ Study guide and test - \$23 _____

Amateur Radio Study Session Receipt

Last name _____ First name _____

Test class – Tech _____ General _____ Extra _____

Please do not write below this line

Amount received _____ Date _____ By _____