

Laurel Amateur Radio Club Volunteer Examiner Coordinator

VE Applicant Data Collection Form

Print Name: _____ Preferred Nickname: _____
(as shown on license) (e.g.—"Bob" rather than "Robert")

Call Sign: _____ Circle License Class: Extra Advanced General

Phone Number: (____) ____ - _____ Circle Type: Home Cell Work

E-Mail Address: _____

Are you 18 years of age or older? Yes No

Have you ever been discredited by another VEC? Yes No

Has your license ever been revoked or suspended? Yes No

I hereby certify that the above information is accurate.

I hereby agree to abide by the rules and regulations governing volunteer examiners as stated in Part 97 of the Federal Communications Commission Rules and in the LARC-VEC Policies & Procedures Manual.

Signature: _____ Date Signed: _____

INSTRUCTIONS

1. **VE Applicant: Complete and sign this form.**

2. **Team Leader**

- a. You **MUST** verify the applicant's age if the applicant appears to be less than 30 years of age.
- b. Enter the information from this form onto the New VE Application Page accessible through the Team Leader Portal on the Laurel VEC website (<http://laurelvec.com>).
- c. You **MUST** either destroy the completed form after use or retain the completed form for your records in accordance with your state's requirement to protect Personal Identifiable Information.
- d. **DO NOT forward this form to your Regional Coordinator or to the VEC Chairman.**