



An Amateur Radio Volunteer Examiner Coordinator
Application for VE Status

Please type or print in ink

Date _____

Name _____ Call _____
First Initial Last

E-MAIL Address(if any) _____ Date first Licensed _____

FRN _____ VEC-TEAM _____

Mailing Address (City, State, Zip) _____

Day Phone (____) _____ Night Phone (____) _____

Name used on radio _____ Class of License _____ Exp Date _____
(Nickname or First)

Has your Operator and/or Station License ever been suspended? ()Yes ()No

Name of person to contact if we cannot reach you _____

Date of Birth _____ Present Occupation _____ Name _____ Phone _____
Name of Employer _____

Amateur Organizations of which you are a member: _____

References: _____

Table with 3 columns: Name, Call, Phone. Three rows for references.

Brief Explanation why you are interested in being a Volunteer Examiner: _____

YOU MUST ATTACH A PHOTO COPY of CURRENT OPERATOR and STATION LICENSE CERTIFICATION

By signing this Application, I certify that I understand and agree with the following:
A) I have read and understand FCC Rules and Regulations Part 97.509 concerning required examination procedures including revocation of Station License and suspension of operator license for any fraudulent conduct with respect to testing procedures
B) I agree to strictly comply with all FCC Rules and regulations concerning my conduct with respect to examination procedures as well as my operating practices as a Radio Amateur Licensee.
C) I understand that non-compliance with FCC Rules and/or non-compliance with the WCARS/VEC instructions may result in loss of my VE Status and revocation of my amateur license.
D) I agree to strictly comply with all examination procedures in accordance with FCC Rules and Regulations and instructions set forth by the WCARS/VEC.
E) I am at least 18 years of age.
F) I understand and agree that my behavior as a VE must, at all times, be totally unbiased and nondiscriminatory with regards to race, religion, sex, or any applicant's affiliation with other Amateur Organizations in such a manner that all test applicants have equal opportunity to obtain or up grade his or her station and license.
G) I have never been refused coordination of an examination session by another VEC nor have I ever had accreditation removed by another VEC.
H) I agree, regardless of cause, reason, or circumstance, to release and hold the WCARS/VEC and/or it's Directors, Officers or appointees harmless for any action or decision that may be made on my VE Status application or in the event my VE Status is revoked or dropped at a later date.
SIGNATURE of APPLICANT X

Appointed: Yes () No () Date _____ By Director _____