



GOVERNMENT OF THE FEDERATED STATES OF MICRONESIA
DEPARTMENT OF TRANSPORTATION, COMMUNICATION AND INFRASTRUCTURE
DIVISION OF COMMUNICATIONS
 Box PS-2 Palikir, Pohnpei FM 96941
 Tel: (691)320-2865 Fax: (691)320-5853 Email: TransFsm@mail.fm

APPLICATION FOR AMATEUR RADIO LICENSE
 (OPERATOR ONLY OR OPERATOR/STATIONS)

FSMTCI-001

I. APPLICANT – To be completed by all applicants	
1. NAME OF APPLICANT (Last, First, middle)	5. PLACE OF BIRTH
2. MAILING ADDRESS	6. CITIZENSHIP <input type="checkbox"/> F.S.M <input type="checkbox"/> OTHER SPECIFY <input type="checkbox"/> U.S
3. RESIDENCE Email Address: _____	
4. DATE OF BIRTH	7. ARE YOU A REPRESENTATIVE OF AN ALIEN OR FOREIGN GOVERNMENT. <input type="checkbox"/> NO <input type="checkbox"/> YES IF "YES" EXPLAIN _____

II. DESCRIPTION OF APPLICATION AND AMATEUR STATUS – To be completed by all applicants	
8a. <input type="checkbox"/> Operator Only <input type="checkbox"/> Operator and Station	12. Do you have any other amateur applications on file which has not been acted upon? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, give date of filling _____ Date _____
b. <input type="checkbox"/> New <input type="checkbox"/> Modified <input type="checkbox"/> Renewal <input type="checkbox"/> Duplicate	
c. Operator privileges _____	
d. <input type="checkbox"/> Club, the official name of said Club is _____ of which I am a trustee and hereby accept full responsibility for operation of the station.	
9. If for modification or renewal and filed within 120 days before expiration or within one year after expiration of present license I <input type="checkbox"/> do <input type="checkbox"/> do not certify that I have satisfied minimum operating time and code speed requirements. (Attached original of license.)	13. Identify and attach copy of current or previous amateur license issued by this Government or any agency of the U.S. Government. If none, so state. If applying for location change to previous call area, identify last license used in that are. <u>PRIVILEGES</u> <u>CALL SIGN</u> <u>DATE ISSUED</u>
10. If for duplicate license, the original license was mutilated and is submitted herewith, or was lost or destroyed as follows (state circumstances):	14. If code test credit is claimed for commercial radiotelegraph license, identify last one issued. <u>CLASS</u> <u>SERIAL NO.</u> <u>DATE ISSUED</u>
11. Have you failed an amateur examination within the last 30 days? <input type="checkbox"/> No <input type="checkbox"/> Yes	

III. INFORMATION ON RADIO STATION – To be completed if applying for station license.	
15a. The station will be under my exclusive control on premises located at: b. The above premises are used as my _____ (home, office, etc.) and the equipment will be inaccessible to unauthorized persons	17. Type, model and serial number of equipment: _____ Type _____ Model _____ Serial
16. Will transmitter be operated from a remote control point? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes" Give location of remote control point. _____	18. If on premises under U.S Armed Forces, corporate or institutional jurisdiction, I have obtained approval of the official in charge whose signature follows: _____ Signature _____ Title

I hereby waive any claim to the use of any particular frequency and if granted an amateur radio license, I will comply with all communication laws, rules and regulations of the F.S.M Government applicable to Amateur Radio Services.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 2000

 SIGNATURE OF APPLICANT

 DISTRICT ADMINISTRATOR OR COMMANDING OFFICER OF
 U.S ARMED FORCES INSTALLATION

FOR OFFICE USE ONLY	
APPROVED BY	DISAPPROVED BY:
AMATEUR RADIO LICENSE NO.	REASON
DATE OF ISSUE	EXPIRATION DATE
CALL SIGN	OPERATOR PRIVILEGES