



Application Form

Amateur Radio (Foundation) Licence

APPLICANT'S DETAILS

Name *Title* *Forenames* *Surname*

Address

Tel: **Fax:** **Email:**

Date of Birth:

Main Station Address

(if different from mailing address)

LICENCE DETAILS

Previous Call Sign

(If you are applying for a Foundation licence and you have held a Class B please give your call sign)

Date of Issue

(Please send originals as photocopies are not acceptable)

Qualifications *(tick those that apply)* Pass in Foundation Examination

DECLARATION

I certify that the information I have given is correct to the best of my knowledge.

Signed **Date**

Name

(If you are under 18 years of age the signature of your parent or guardian is required)

Signed *(Parent or Guardian)* **Date**

Please return the completed form to:

Gibraltar Regulatory Authority
2nd Floor, Eurotowers 4
1 Europort Road
Gibraltar

Fax: +350 20072166

email: licensing@gra.gi