



GIBRALTAR REGULATORY
AUTHORITY

Application Form

Amateur Radio Reciprocal Licence

APPLICANT'S DETAILS

Name *Title* *Forenames* *Surname*

Address

Tel:

Fax:

Email:

Date of Birth:

Contactable Address whilst in Gibraltar

EQUIPMENT DETAILS

Make *Model* *Serial No.*

LICENCE DETAILS

Period of stay: From **to:**

Call Sign:

Country of residence:

(As stated on your Full Licence from your Country)

Date of Issue

(Originals must be produced when collecting licence, submit photocopies with application)

DECLARATION

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

Signed

Date

Name

Please return the completed form to:

Gibraltar Regulatory Authority

2nd Floor, Eurotowers 4

1 Europort Road

Gibraltar

Fax: +350 20072166 email: licensing@gra.gi