AMERICAN RADIO RELAY LEAGUE / VEC

SESSION REGISTRATION/REQUEST FOR TEST MATERIALS

SEND TO ARRL/VEC AT YOUR EARLIEST CONVENIENCE IN ADVANCE OF THE SESSION FOR WHICH THIS FORM IS USED.

1. TEST DATE: _____ TIME (local):_____
(List all dates if the session will extend over a period of two or more adjacent dates, such as a weekend-long series of sessions at a convention.)

2. WILL ADDITIONAL SITTINGS BE HELD AT THIS SESSION? ❑ YES ❑ NO

3. WILL WALK-IN CANDIDATES BE ACCEPTED? ❑ YES ❑ NO

4. SESSION SPONSOR: _____
(name of club, hamfest, convention, group of VEs, or "unsponsored")

5. ADDRESS OF TEST SITE: (Be sure to include building name and room number{s} sufficient to give - - candidates directions to the site.)

_____

_____

_____ _____ _____
city state ZIP

6. VE TEAM CONTACT PERSON's ADDRESS: (This person will receive inquiries and applications from candidates and non-sensitive supplies from the VEC, and does not have to be an accredited VE. Exam papers will be sent only to the VE Team Liaison, named below.)

NAME: _____ CALL SIGN (if any): _____

PHONE: Candidates will call this number for test session information (_____) _____

ADDRESS:_____

_____ _____ _____
city state ZIP

7. VE TEAM LIAISON's MAILING ADDRESS: Same as Contact Person? ❑ YES ❑ NO
(The VE Team Liaison must be an Accredited Extra class VE if Elements 1B, 1C, 3B, 4A and/or 4B are to be administered at the session. Advanced- and General-class VEs are limited to receiving test materials for Elements 1A, 2 and 3A, only.)

NAME: _____

CALL: _____ ❑ Extra ❑ Advanced ❑ General

PHONE: day (_____) _____ PHONE: night (_____) _____

STREET ADDRESS (not a PO Box): _____

_____ _____ _____
city state ZIP

8. HAS THE VE TEAM BEEN BULK STOCKED WITH MATERIALS? ❑ YES ❑ NO ❑ Team has exam software

9. WILL THE VE TEAM BE USING THE ARRL/VEC EXAM SOFTWARE? ❑ YES ❑ NO

10. LIST BY ELEMENT THE MATERIALS THAT WILL BE NEEDED FOR THIS SESSION:

code 5 WPM 1A	code 13 WPM 1B*	code 20 WPM 1C*	written Novice 2[1]	written Tech 3A[1]	written General 3B*[1]	written Advanced 4A*[1]	written Extra 4B*[1]
_____	_____	_____	_____	_____	_____	_____	_____

[1] For Elements 2 through 4B, circle each written element for which you wish to also receive a braille copy (note: due to our limited supply, 1 copy of 1 braille version is normally supplied.

* These elements can be administered only by Extra class VEs (Section 97.28{a}).

Would you like to receive a second version of the elements you have requested? ❑ YES ❑ NO
If YES, please indicate for each element how many you will need: *example* 10/5 (10 of one version and 5 of another.)

Would you like to receive whole-punched transparent overlay-grading templates? ❑ YES ❑ NO

For your Morse code exams, which test format do you wish to receive? Fill in the blank? ❑ Multiple choice? ❑

Could we send you the ARRL/VEC Examination Software (disk)? YES ❑ Size (circle): HD/DD 3-1/2" 5-1/4"

11. WHAT EXPRESS SERVICE ENVELOPES WILL YOU NEED TO RETURN THE COMPLETED SESSION?
(We will provide you with the postage-paid air-bills {address labels} and envelopes for that service.)

US Postal Service Priority Mail ❑ **AirBorne Express** ❑ Other: _____ 'Previously stocked' ❑

12. LIST QUANTITIES OF ANY ADDITIONAL SUPPLIES YOU NEED

Session Registration/Material Request Forms _____
Test Session Reports _____
Test Confirmation Letters _____
Applications (FCC FORM 610) _____
Candidate Rosters _____
C.S.C.E.s _____
Other: _____

13. LIST YOUR PROPOSED VE TEAM:

Provide the name, call sign and license class of each person who will probably serve at this test session. This is not a final commitment to serve, but it will help the ARRL/VEC ensure that your VE Team's accreditations are in good order.

Please keep in mind if the VE Team will be administering Elements 1B, 1C, 3B, 4A and/or 4B that the VEs who will sign the applications and/or CSCEs must be Extra class VEs.

You may register for a session even if you do not yet have all the examiners' accreditations completed. The FCC requires, however, that each person signing 610 applications or CSCEs must be duly accredited by the ARRL/VEC at the time the session is conducted.

Name: _____ Call: _____ Class: ❑ Extra ❑ Advanced ❑ General
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