QRP ARCI WAS AWARD FORM

Name _____ Call _____

Address _____

Band _____ MODE cw ssb mixed Max-Power_____W

Certificate Number if Endorsement _____

States Worked (circle one) 20 30 40 50

ST	CALL	ARCI#	DATE	ST	CALL	ARCI#	DATE
AL				MT			
AK				NE			
AZ				NV			
AR				NH			
CA				NJ			
CO				NM			
CT				NY			
DE				NC			
FL				ND			
GA				OH			
HI				OK			
ID				OR			
IL				PA			
IN				RI			
IA				SC			
KS				SD			
KY				TN			
LA				TX			
ME				UT			
MD				VT			
MA				VA			
MI				WA			
MN				WV			
MS				WI			
MO				WY			

Note: Show ARCI# if you worked member of QRP ARCI and number exchanged.
DC will count as MD.