

Amateur Radio Emergency Communications Course Field Examination Roster



Test Site: _____

Session Date: _____

Sponsoring Organization Name (Optional: if none, write "None"): _____

Instructors (if any):

Enter exams taken with P (PASS) OR F (FAIL)

| | APPLICANT'S NAME (please print) | FEE PAID | CALL SIGN (if any) (✓) | CLASS with EXAM (✓) | EXAM ONLY (✓) | LEVEL I | LEVEL II | LEVEL III |
|----|------------------------------------|-------------|------------------------------|---------------------------|---------------------|------------|-------------|--------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
| 12 | | | | | | | | |

Page _____ of _____

Number of applicants listed on this page _____



Field Examiner Team: Keep a copy for your records