## Ministry of Information, Broadcasting and Telecommunications



Telecommunications Division Long and Thames Streets, P. O. Box 2802 St. John's, Antigua *Tel:* (268) 562-1868, 562-6735 Fax: (268) 562-1872

Email: telecom@ab.gov.ag www.antigua.gov.ag
AMATEUR RADIO LICENCE APPLICATION FORM

Antigua and Barbuda

A:	Genera	al Information			
Name of Applicant		 Date of Birth			
First Name	Last Name		Month/[	Day/year	
Address		Place of Birth			
Mailing Address if different from above		Email Address			
Identification/Passport No		Nationality			
B:	BASIS	OF APPLICATION			
New Appli	cation Renew	ral Re	eciprocal Lic	cence	
C: LICENSEE INFO	DRMATION FOR RENEWA	AL AND RECIPROCA	AL APPLIC	CANTS ONLY	
Licence Issued by: (State name of agency. Foreign		Licence Nur	mber		
		Call Sign			
Address		Duration of	Licence		
City		To:		From:	
State		Date of issue	e		
Country of Issue	Foreign applicants amateur licence an	must provide the teleco	ommunicati	ons division with	n copies of
D:	Technical S	pecifications			
Station Type	Frequency Band(s)		Type(s)	of Emission	
Location If Fixed			AMI	P.Dc Input Powe	r
Description of Equipment					

Telecommunications Division, Ministry of Information Broadcasting and telecommunications Antigua and Barbuda

## Agreement Declaration and Signature

l, the undersigned request a Licence/permit to operate an Amateur Radio Station in Antigua and Barbuda and agree that if a licence is granted, my operation will be according with:					
1: The rules if the ITU Radio regulations governing amateur radio operation.					
2: The Terms and conditions of the amateur radio licence issued to me by the Government of Antigua and Barbuda.					
3: The terms and conditions of the amateur radio licence issued by my government (if applicable).					
4: Any further conditions to the licence/permit that may be laid down by the telecommunications Officer.					
5: I further understand that any licence/Permit issued to me may be summarily modified, suspended or cancelled without advance notice.					
I, the undersigned, do hereby declare that the information provided in this application is correct and accurate to the best of my knowledge.					
Signature					
Date					