APPLICATION FOR A RECIPROCAL GERMAN AMATEUR RADIO GUEST LICENSE

by U.S. military and civilian personnel or their dependants under the jurisdiction of the US Status Of Forces Agreement (SOFA)

PLEASE TYPE (OR PRINT ENTRIES CLEARLY AND	SUBMIT WITH A	ALL REQUIRED DOCUM	ENTATION.
Name (Last, First, Middle Initial):				Rank:
= : 0.1 %	1		l	
Date of birth:	Place of birth:		Nationality:	DEROS:
Military mailing address (APO/FPO):			
Local German civilian ma	iling address and station physical locati	on (required):		
Duty phone:		Home phone:		
E-mail address:				
US FCC amateur radio lic	eense issued:			
Callsign: Expiration date:				
Remarks:				
I certify that I have read and am knowledgeable of the host nation's regulations and related directives governing the amateur radio service and that I will abide by the same.				
O		Date:		
I certify that the information contained in this application is true, established from the information presented to me by the applicant. I further certify that this individual is under the jurisdiction of the U.S. Status Of Forces Agreement (SOFA) and otherwise qualifies for a reciprocal amateur radio guest license.				
Signature:(certifying official)		Date:		Seal or official stamp
Note: The certifying official must be the applicant's commander, a notary public or summary court officer.				
INTERNAL USE ONLY				
Date application received:	Date forward	ed to RegTP:		
German callsign issued:	License class	s:	Expiration date:	