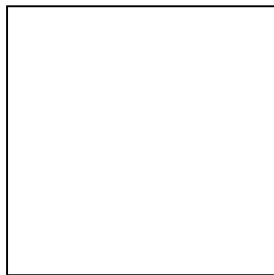




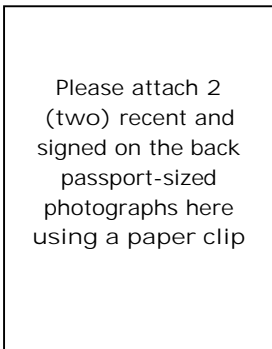
# AMATEUR RADIO OPERATOR LICENSE Application Form



This form can be downloaded from  
www.btrc.gov.bd



[Test Center Stamp]



All required fields must be completed. Required fields are noted with an asterisk (\*).

PLEASE WRITE IN BLOCK LETTERS

\* Last (Family/Surname) Name (as on photo ID)

\* First (Given) Name (as on photo ID)

Father's Name

Mother's Name

\* Present Address




\* Permanent Address




\* Telephone/Mobile Number

\* Date of Birth

Email/Web Address

\* Gender

\* Educational Qualification

[Grid for Educational Qualification]

\* Occupation

[Grid for Occupation]

\* Have You Taken The License Test Before?

No [ ] Yes, Previous Candidate ID [Grid]

Why Are You Taking The Test?

[Grid for Why Are You Taking The Test?]

\* Please indicate which Document will be used as Proof of Identity during the License Test and give the Number/Details here

National Identity Card [ ] Passport [ ] Others \_\_\_\_\_

National ID Card/Passport No. [Grid]

\* Please indicate which Month is Preferred for the Test, this form must be received at BTRC at least 2 (two) weeks before the Test Month Choice.

Jan [ ] Feb [ ] Mar [ ] Apr [ ] May [ ] Jun [ ] Jul [ ] Aug [ ] Sep [ ] Oct [ ] Nov [ ] Dec [ ]

\* Attached Letter of Consent from Parent(s)/Guardian(s) for Candidates studying in Standard/Class 10 (ten) and below

Not Applicable [ ] Yes [ ]

I hereby agree to the conditions set forth in the Guideline, specifically those concerning test administration, payment of fees, score reporting, and the confidentiality of test questions. I certify that I am the person who will take the test at the test center and whose name and address appear on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Candidate ID [Grid]

Test Date [d d m n y y y y] Test Time [h h m n] Test Venue [ ] [ ]

Date of Payment [d d m n y y y y] Receipt Number [Grid]

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_