



**APPLICATION AND REPORT FOR AMATEUR RADIO
OPERATOR CERTIFICATE AND CALL SIGN**

Check only one

New

Re-examination

Advanced

Morse Code

Address Change

Additional Call Sign

Reinstate a Certificate

INSTRUCTIONS

1. This application must be sent to the Amateur Radio Service Centre.

Industry Canada
Amateur Radio Service Centre
2 Queen Street East
Sault Ste. Marie, ON P6A 1Y3
Telephone Number: 1-888-780-3333 (Toll free)
Fax Number: 705-941-4607
E-mail: ic.spectrumamateur-spectreamateur.ic@canada.ca

2. A call sign for a station in the amateur radio service can only be issued to a person who holds the Basic Qualification and has a Canadian address.

3. Amateur radio operators are responsible for complying with Client Procedures Circular, *Radiocommunication and Broadcasting Antenna Systems* (CPC-2-0-03), as amended from time to time.

4. All information provided on this form will be stored in personal information bank IC-PPU-019. Information of a personal nature will be protected under provisions of the *Privacy Act*. Other information in the personal information bank may be released in accordance with the *Access to Information Act*.

5. For further information: www.ic.gc.ca/callsign

Please print clearly as illegible or incomplete application will be returned

Name of Applicant (individual or club): If an individual, state family name, given name family name, given name		Language of Correspondence (Check only one) <input checked="" type="radio"/> English <input checked="" type="radio"/> French	
Address (Street, Post Office Box, etc.) [scribble]		City, Town and Province [scribble]	Postal Code [scribble]
Telephone Number ([scribble]) [scribble] - [scribble]	Date of Birth (YYYY-MM-DD) YYYY-MM-DD	Certificate Number	For Internal Use Only
Type of Station (Check only one) <input checked="" type="radio"/> Individual <input type="radio"/> Club	Choice of Call Sign in order of preference 1 2 3		
Email Address [scribble]@ [scribble]			

Please note: If there are fees associated with this request, an invoice will be sent to you.

I certify that the statements made in this application are true, complete and correct to the best of my knowledge and that the stations will be used only for the purposes authorized by the Minister of Industry and the Regulations made under the *Radiocommunication Act*. I agree that Industry Canada may use, disclose and share the information that it has collected about me in relation to this application, regarding my certificate qualifications, name, address and call signs, for the purpose of establishing a database that will be made public in order that other amateurs are aware of the frequencies and emissions that I have been authorized to utilize.

[Signature]
Applicant's Signature

[Signature]
Date
(YYYY-MM-DD)

EXAMINER USE ONLY			
Qualification		Location of Exam	Examination Date (YYYY-MM-DD)
Basic %	Advanced %	Examiner Name	Call Sign of Examiner
Morse code			
Receiving %	Transmitting %	Examiner Number	Signature
Category of Examiner (Check only one)		Date (YYYY-MM-DD)	
<input type="radio"/> Industry Canada <input type="radio"/> Accredited			

Use BLOCK LETTERS for the email address.
Use 0 zero
0 letter and I letter
L letter