Department of Public Safety
TELECOMMUNICATIONS SERVICES DIVISION
AMATEUR RADIO OPERATOR
IDENTIFICATION APPLICATION

Date: _____

Name: _____ _____ _____
Last First Middle

Address: _____ State _____ Zip Code: _____

Social Security Number: _____ Sex: _____

Federal Communications Commission Amateur License Type: _____
Technician Class or Better

Amateur License issued Date: _____

Amateur Call Letters: _____

Has your Amateur License ever been revoked? _____

If so, for what reason:

_____

_____

Do you hold any other type FCC License? _____ (Yes or No)

If "YES" what type? _____

PLEASE REMIT A COPY OF YOUR AMATEUR RADIO OPERATORS LICENSE

Department of Public Safety
Telecommunications Services Division
P.O. Box 11415
Oklahoma City, OK 73136-0415
http://www.dps.state.ok.us/

(For Office Use Only)

Special Personal Identification card serial number: _____