

## INSTRUCTIONS FOR APPLICATION FORM 610 FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE

*(Do Not Return Instructions With Application Form)*

### GENERAL INSTRUCTIONS

● Use the attached FCC Form 610 to request:

1. An examination for a new amateur operator/primary station license or for modification of your license to a higher operator class.
2. A modification of your name or mailing address as it appears on your license, or a systematic assignment of a different call sign.
3. A renewal of your license if it is unexpired or if it expired within the two year grace period.

● Do NOT use the attached FCC Form 610 to request:

1. A Reciprocal Permit for Alien Amateur Licensee. Use FCC Form 610-A.
2. A renewal or modification of a club, military recreation, or RACES station license. Use FCC Form 610-B.

- **ANTENNA HEIGHT:** If the height of your antenna will exceed 61 meters (200 feet) or 1/100 of the minimum distance between the antenna site and any aircraft landing area (refer to Section 97.15) complete FCC Form 854 (Request for Antenna Height Clearance and Obstruction Marking and Lighting Specifications). Forms may be obtained from the Commission's Form Distribution Center, phone (800) 418-3676(FORM).

- If you have not received a response from us within 90 days, write to Federal Communications Commission, 1270 Fairfield Road, Gettysburg, PA 17325-7245. Include a photocopy of your completed FCC Form 610, or the following information:

1. Your name, address, and date of birth;
2. Your station call sign and operator class;
3. The date that you filed FCC Form 610;
4. The purpose of the FCC Form 610 you filed;
5. The name of the coordinating VEC;
6. The location of the test site (city and state) and the date of the examination.

- Every amateur operator should have a current copy of amateur service rules, Part 97, which may be obtained from private publishers, vendors, or you may order 47 CFR, Part 97 from the U. S. Government Printing Office, Washington, 20402, phone (202) 783-3238.

- Detach your completed FCC Form 610 from these instructions. Make a photocopy of it for your records. File your completed FCC Form 610 with the VEs if you have marked Box 4A or 4B on the application. If you have marked box(es) 4C through 4F, file your FCC Form 610 WITHOUT A FEE to:

FEDERAL COMMUNICATIONS COMMISSION  
1270 FAIRFIELD RD  
GETTYSBURG PA 17325-7245

### INSTRUCTIONS TO EXAMINEE

- A. Your examination will be administered at a location and time specified by your administering VEs. You must comply with their instructions. The VEs will observe you throughout the examination. They are responsible for the proper conduct and necessary supervision of the examination. They must immediately terminate the examination if you fail to comply with their instructions.
- B. If you hold an unexpired license, or if you hold a license that expired less than two years before the date of the examination session, attach a photocopy of it, or the original, to the application.
- C. Give your completed FCC Form 610 to your administering VEs. Show your VEs at least two documents that prove your identity. Show your VEs any of the following documents for which you are claiming element credit:
  1. Original document of your unexpired (or expired within the grace period) amateur operator/primary station license;
  2. Certificate(s) of Successful Completion of Examination, if issued to you within 365 days of this examination session;
  3. Photocopy of FCC Form 610 that was filed indicating that you qualified for a Novice Class operator license within 365 days of this examination session;
  4. Original document of your unexpired (or expired less than five years prior to this examination session) FCC Commercial Radiotelegraph Operator's Certificate.

### INSTRUCTIONS TO PERSONS WITH SEVERE HANDICAPS

- A. If you have passed the 5 words per minute telegraph examination, but you are unable to pass the 13 or 20 words per minute examination because of a severe handicap that will extend for more than 365 days, the administering VEs will give you credit for passing the 20 words per minute examination if you obtain a Physician's Certification of Disability. You should, however, first attempt to pass the examination under the special accommodation procedures the VEs use for handicapped examinees.
- B. Detailed Instructions:
  1. Complete Items 1 through 9 on FCC Form 610.
  2. Present your physician with your completed FCC Form and the Notice to Physician Certifying to a Disability.
  3. Provide the physician with the names and addresses of your administering VEs and other amateur operators in your community who can provide more information on this matter.
  4. Ask your physician to complete and sign the Physician's Certification of Disability in Section 3 of FCC Form 610.
  5. Sign and date the Patient's Release in Section 3 of FCC Form 610.
  6. Follow Instructions to Examinee.

# INSTRUCTIONS FOR COMPLETING APPLICATION FORM 610

**ITEM 1** - Print (or type) your last name and any suffix (Jr., Sr., II, etc.), first name, and middle initial. The name you enter in Item 1 must agree with your signature in Item 8. It must also agree with the name on your existing license unless you request a change in Box 4C.

**ITEM 2** - Print numbers for the month, day, and year of your birth. Example: If you were born on September 20, 1944, enter 09-20-44.

**ITEM 3** - Print your mailing address. It must be an address where you can receive mail delivered by the United States Postal Service. (Mail delivery may not be available in certain territories.) Print your two-letter state/territory code from the table. For Midway Island, print its full name in the city box.

Alabama	AL	New Hampshire	NH
Alaska	AK	New Jersey	NJ
Arizona	AZ	New Mexico	NM
Arkansas	AR	New York	NY
California	CA	North Carolina	NC
Colorado	CO	North Dakota	ND
Connecticut	CT	Ohio	OH
Delaware	DE	Oklahoma	OK
District of Columbia	DC	Oregon	OR
Florida	FL	Pennsylvania	PA
Georgia	GA	Rhode Island	RI
Hawaii	HI	South Carolina	SC
Idaho	ID	South Dakota	SD
Illinois	IL	Tennessee	TN
Indiana	IN	Texas	TX
Iowa	IA	Utah	UT
Kansas	KS	Vermont	VT
Kentucky	KY	Virginia	VA
Louisiana	LA	Washington	WA
Maine	ME	West Virginia	WV
Maryland	MD	Wisconsin	WI
Massachusetts	MA	Wyoming	WY
Michigan	MI	American Samoa	AS
Minnesota	MN	Guam	GU
Mississippi	MS	Midway Island	UM
Missouri	MO	Northern Mariana Is	MP
Montana	MT	Puerto Rico	PR
Nebraska	NE	Virgin Islands	VI
Nevada	NV		

**ITEM 4** - Place an "X" in the proper box to apply for:

**BOX 4A** An EXAMINATION for a new amateur operator/prime station license. See Instructions to Examinee on reverse. You c eligible for an examination for a new license if you do not ha one or if your license has expired beyond the two year gra period.

**BOX 4B** An EXAMINATION to upgrade your license to a high class. See Instructions to Examinee on reverse.

**BOX 4C** CHANGE your name as it appears on your license your new name in Item 1. Print your former name whe indicated.

**BOX 4D** CHANGE your mailing address as it appears on y license to your new address in Item 3.

**BOX 4E** CHANGE your station call sign. See Fact Sheet PR-5C Number 206, Amateur Station Sequential Call Sign System, lat date of issue, for information on how the call sign will systematically assigned. After the call sign change is made, y previous call sign cannot be reinstated. Initial in the spc provided.

**BOX 4F** RENEWAL of your unexpired license or RENEWAL of y license if it expired within the grace period. The expiration d must be within the two year grace period. Application must received by the Commission's Gettysburg office prior to the e of the grace period.

**ITEM 5** - If your license document was lost or destroy attach to your FCC Form 610 a sheet of paper containing y explanation.

**ITEM 5A** - Print the call sign shown on your license.

**ITEM 5B** - Print the operator class shown on your license.

**ITEM 6** - If the construction of your station would be an ac that is likely to have a significant environmental effect, mark " and attach to your FCC Form 610 an environmental assessm Otherwise, mark "No". See the Commission's Rules, 47 C.F.R., 1, Subpart I, and Section 97.13 (a).

**ITEM 7** - If you have filed another Form 610 that we have acted upon, give the purpose of the other form in Box 7A print the month, day, and year it was filed in Box 7B.

**ITEM 8** - Sign your name. Your signature must agree with name as printed in Item 1. Provide a telephone number w you can be reached during normal daytime business hours.

**ITEM 9** - Print the month, day, and year that you sign application.

Public reporting burden for this collection of information is estimated to average ten minutes per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, inclur suggestions for reducing the burden to the Federal Communications Commission, Records Management Branch, AMD-IM, Washing DC 20554, Paperwork Reduction Project (3060-0003).

## NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. Commission will use the information provided in this form to determine whether grant of this application is in the public interes reaching that decision, or for law enforcement purposes, it may become necessary to refer personal information contained in this for another government agency. In addition, all information provided in this form, as well as the form itself, will be available for p inspection. If information requested on the form is not provided, processing of the application may be delayed or the application be returned without action pursuant to Commission rules. The foregoing notice is required by the Privacy Act of 1974, 5 U.S.C. Ser 552a(e)(3).

# APPLICATION FORM 610 FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE

3060-0003  
Expires 8/31/96  
See instructions for  
information regard  
public burden estim

## SECTION 1 - TO BE COMPLETED BY APPLICANT (See instructions)

Print or type last name	Suffix	First name	Middle initial	2. Date of birth ____ - ____ - ____ month day ye
Mailing address (Number and street)		City	State code	ZIP code

I HEREBY APPLY FOR (make an X in the appropriate box(es)):

4A. ☐ **EXAMINATION** for a new license

4D. ☐ **CHANGE** my mailing address on my license  
my new address in Item 3

4B. ☐ **EXAMINATION** for upgrade of my operator license  
class

4E. ☐ **CHANGE** my station call sign systematically  
(See instructions)  
Applicant's Initials \_\_\_\_\_

4C. ☐ **CHANGE** my name on my license to my new  
name in Item 1. My former name was:

4F. ☐ **RENEWAL** of my license

(Last name)	(Suffix)	(First name)	(MI)
3. Unless you are requesting a new license, attach the original or a photocopy of your license to the back of this Form 610 and complete Items 5A and 5B.			
5A. Call sign shown on license		5B. Operator class shown on license	

3. Would an FCC grant of your request be an action that may  
have a significant environmental effect? ☐ **NO** ☐ **YES** (Attach required statement)

7. If you have filed another Form 610 that we have not acted upon, complete Items 7A and 7B.	7A. Purpose of other form	7B. Date filed ____ - ____ - ____ month day ye
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WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT, (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION  
ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)) AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I CERTIFY THAT ALL STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD  
FAITH; THAT I AM NOT A REPRESENTATIVE OF A FOREIGN GOVERNMENT; THAT I WAIVE ANY CLAIM TO THE USE OF ANY PARTICULAR FREQUENCY REGARDLESS  
PRIOR USE BY LICENSE OR OTHERWISE; AND THAT THE STATION TO BE LICENSED WILL BE INACCESSIBLE TO UNAUTHORIZED PERSONS.

8. Signature of applicant (Do not print, type, or stamp. Must match name in Item 1.) <b>X</b> _____ ( ) Daytime Telephone Number _____	9. Date signed ____ - ____ - ____ month day ye
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## SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VE's

A. Applicant is qualified for operator license class:

- ☐ **NOVICE** (Elements 1(A), 1(B), or 1(C) and 2)  
☐ **TECHNICIAN** (Elements 2 and 3(A))  
☐ **TECHNICIAN PLUS** (Elements 1(A), 1(B), or 1(C), 2 and 3(A))  
☐ **GENERAL** (Elements 1(B) or 1(C), 2, 3(A) and 3(B))  
☐ **ADVANCED** (Elements 1(B) or 1(C), 2, 3(A), 3(B) and 4(A))  
☐ **AMATEUR EXTRA** (Elements 1(C), 2, 3(A), 3(B), 4(A) and 4(B))

B. VEC receipt date:

C. Name of Volunteer-Examiner Coordinator (VEC):

D. Date of VEC coordinated examination  
session:

E. Examination session location:

I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIREMENTS IN PART 97 OF THE COMMISSION'S RULES AND  
WITH THE INSTRUCTIONS PROVIDED BY THE COORDINATING VEC AND THE FCC

1st VE's name (Print First, MI, Last, Suffix)	VE's station call sign	VE's signature (must match name)	Date signed
2nd VE's name (Print First, MI, Last, Suffix)	VE's station call sign	VE's signature (must match name)	Date signed
3rd VE's name (Print First, MI, Last, Suffix)	VE's station call sign	VE's signature (must match name)	Date signed

ATTACH ORIGINAL OR A PHOTOCOPY OF YOUR LICENSE HERE:

**SECTION 3 - TO BE COMPLETED BY PHYSICIAN**

**PHYSICIAN'S CERTIFICATION  
OF DISABILITY**

Please see notice below

Print, type, or stamp physician's name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, ZIP code: \_\_\_\_\_

Office telephone number: (      ) \_\_\_\_\_

I CERTIFY THAT I have read the Notice to Physician Certifying to a Disability, and that the person named in Item 1 on the reverse is severely handicapped, the duration of which will extend for more than 365 days beyond this date. Because of this severe handicap, this person is unable to pass a 13 or 20 words per minute telegraphy examination. I am licensed to practice in the United States or its Territories as a doctor of medicine (M.D.) or doctor of osteopathy (D.O.). I have considered the accommodations that could be made for this person's disability and have determined that, even with accommodations, this person would be unable to pass a 13 or 20 words per minute telegraphy examination.

**WILLFUL FALSE STATEMENT IS PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001)**



\_\_\_\_\_  
PHYSICIAN'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP)

\_\_\_\_\_  
M.D. or D.O.

\_\_\_\_\_  
DATE SIGNED

**PATIENT'S RELEASE**

Authorization is hereby given to the physician named above, who participated in my care, to release to the Federal Communications Commission any medical information deemed necessary to process my application for an amateur operator/primary station license.



\_\_\_\_\_  
APPLICANT'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP)

\_\_\_\_\_  
DATE SIGNED

**NOTICE TO PHYSICIAN CERTIFYING TO A DISABILITY**

You are being asked by a person who has already passed a 5 words per minute telegraphy examination to certify that, because of a severe handicap, he/she is unable to pass a 13 or 20 words per minute telegraphy examination. If you sign the certification, the person will be exempt from the examination. Before you sign the certification, please consider the following:

**THE REASON FOR THE EXAMINATION** - Telegraphy is a method of electrical communication that the Amateur Radio Service community strongly desires to preserve. We support their objective by authorizing additional operating privileges to amateur operators who increase their skill to 13 and 20 words per minute. Normally, to attain these levels of skill, intense practice is required. Annually, thousands of amateur operators prove by passing examinations that they have acquired the skill. These examinations are prepared and administered by amateur operators in the local community who volunteer their time and effort.

**THE EXAMINATION PROCEDURE** - The volunteer examiners (VEs) send a short message in the Morse code. The examinee must decipher a series of audible dots and dashes into 43 different alphabetic, numeric and punctuation characters used in the message. To pass, the examinee must correctly answer questions about the content of the message. Usually, a fill-in-the-blanks format is used. With your certification, they will give the person credit for passing the examination, even though they do not administer it.

**MUST A PERSON WITH A HANDICAP SEEK EXEMPTION?**

No handicapped person is required to request exemption from the higher speed telegraphy examinations, nor is anyone denied the opportunity to take the examinations because of a handicap. There is available to all otherwise qualified persons, handicapped or not, the Technician Class operator license that does not require passing a telegraphy examination. Because of international regulations, however, any handicapped applicant requesting exemption from the 13 or 20 words per minute telegraphy examination must have passed the 5 words per minute telegraphy examination.

**ACCOMMODATING A HANDICAPPED PERSON** - Many handicapped persons accept and benefit from the personal challenge of passing the examination in spite of their hardships. For handicapped persons without an exemption who have difficulty in proving that they can decipher messages sent in the Morse code, the VEs make exceptional accommodative arrangements. They will adjust the tone in frequency and volume to suit the examinee. They will administer the examination in a place convenient and comfortable to the examinee, even at bedside. For a deaf person, they will send the dots and dashes to a vibrating surface or flashing light. They will write the examinee's dictation. When warranted, they will pause in sending the message after each sentence, each phrase, each word, or each character to allow the examinee additional time to absorb and interpret what was sent. They will even allow the examinee to send the message, rather than receive it.

**YOUR DECISION** - The VEs rely upon you to make the necessary medical determination for them using your professional judgement. You are being asked to decide if the person's handicap is so severe that he/she cannot pass the examination even when the VEs employ the accommodative procedures. The impairment, moreover, will last more than one year. This procedure is not intended to exempt a person who simply wants to avoid expending the effort necessary to acquire great skill in telegraphy. The person requesting that you sign the certification will give you names and addresses of VEs and other amateur operators in your community who can provide you with more information on this matter.

**DETAILED INSTRUCTIONS** - If you decide to execute the certification, you should complete and sign the Physician's Certification of Disability on a person's FCC Form 610. You must be an M.D. or D.O. licensed to practice in the United States or its Territories. The person must sign a release permitting disclosure to the FCC of the medical information pertaining to the disability.