



STATE OF OKLAHOMA
DEPARTMENT OF PUBLIC SAFETY

AMATEUR RADIO OPERATORS IDENTIFICATION APPLICATION

Date: _____

Name _____

Last

First

Middle

Address _____ 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Has your amateur license ever been revoked?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 F.C.C. License? _____ (Yes or No)

If "Yes" what type? _____

Special Personal Identification card serial number _____

PLEASE REMIT A COPY OF YOUR AMATEUR RADIO OPERATORS LICENSE

