

TELECOMMUNICATIONS REGULATORY COMMISSION

RADIO TELEPHONE OPERATOR LICENCE APPLICATION

(Please tick the appropriate box (es))

Full Name First Name			Last Name	
Distinguishing mark	Heigh		nt	
Certificate No		Class	Name of Ship	
Place of Birth				
City	State	Country	Nationality	
Date of Birth Day	Month	Year		
Physical Address Street Address				
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Telephone No.:		Telefax:	Email	
Mailing Address Post Office Box				
City	State	Zip code	Country	
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