



**TELECOMMUNICATIONS REGULATORY COMMISSION**

**APPLICATION FOR AMATEUR RADIO LICENCE**  
**LOCAL OPERATOR RENEWAL**

(Please tick the appropriate box (es))

- General Class
- VHF Class
- Novice Class

**PLEASE COMPLETE IN BLOCK LETTERS**  
**SECTION A – APPLICANTS DETAILS**

<b>Full Name</b> First Name _____ MI _____ Last Name _____  Call Sign _____ Class _____ Current License No. _____
<b>Physical Address</b> Street address _____  City _____ State _____ Zip code _____  Country _____ Telephone No.: _____ Telefax: _____
<b>Mailing Address</b> Street Address _____ or PO Box _____  City _____ State _____ Zip code _____  Country _____

**SECTION B – DECLARATION**

*I declare that all details shown above are correct to the best of my knowledge and that I will abide by the terms of the Licence. I also declare that I have no objection to information about my radio equipment (if applicable) being disclosed to the International Telecommunication Union.*

Signature of Applicant: \_\_\_\_\_

Full name (Block Capitals): \_\_\_\_\_

Date: \_\_\_\_\_

Email \_\_\_\_\_

**This application is not complete without the following:**

1. Copy of Current (BVI) Radio License

**Contact:**  
**Telecommunications Regulatory Commission**  
**Government of the British Virgin Islands**  
**L.M. Business Centre**  
**P.O. Box 4401, Road Town, Tortola**

**British Virgin Islands VG1110**  
**Tel: (284) 468-4165, Ext. 4165**  
**Fax: (284) 494-6786**  
**Email: [RL\\_Applications@trc.vg](mailto:RL_Applications@trc.vg)**

**FOR OFFICIAL USE ONLY**

Renewal Date: _____	Issued by: _____	Expiry Date: _____
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