



RSGB Morse Code Certificate of Competency



Confirmation of a Successful Test

CANDIDATE

Name

Call sign

Address

Postcode

ASSESSOR

I confirm that the above applicant has been successfully tested in sending and receiving Morse

code at

wpm

Date

 / /

Venue

Address

Postcode

Name

Call sign

Signature

ADJUDICATOR

I confirm that I adjudicated this test

Name

Call sign

Signature

Qualification to adjudicate test

e.g. Regional Manager, Deputy Regional Manager, elected RSGB volunteer, or an elected member of a local club committee.

On completion please send this form the Local Regional Manager for Issue of the Certificate of Competency.
The form will be retained by the Regional Manager for subsequent audit purposes by representatives of the
ARDC and Regional Team.