



AMATEUR RADIO EXAMINATION REQUEST

PLEASE TICK THE EXAMINATION REQUIRED

	PAPER	ONLINE
FOUNDATION		
INTERMEDIATE		
FULL LICENCE		



Open in Adobe Acrobat Reader for the editable version and all other features. (other readers may not work properly)

To be completed by the Exam Secretary. All sections must be completed. Return it to exams@rsgb.org.uk

SECTION A	EXAM SECRETARY DETAILS	
Name:		Mailing address for examination papers
Call sign:		
Telephone		
Mobile		
Email		

SECTION B	EXAM DETAILS - TWO WEEKS' NOTICE REQUIRED FOR ALL EXAMINATIONS, EITHER PAPER OR ONLINE		
Club Name:		Centre Reg No.	
First Named Invigilator:		Email	
Assistant Invigilator		Email	
Assistant Invigilator		Email	
Reader (if required)		Telephone	
		Email	
Registered Assessor:		Email	
Main Instructor		Email	
N.B. Any Instructor associated with the training course cannot be the First Named Invigilator			
Examination Date:		Full address of Examination Venue:	
Start time			
Number of Papers			
Registration No:			

SECTION C	COMMENTS & SPECIAL REQUIREMENTS - INCLUDING (IF NECESSARY) ADDITIONAL REGISTERED ASSESSORS

SECTION D CANDIDATE DETAILS			
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	
Title		Full address	
First Name			
Middle Name			
Last Name		Email	
Date of Birth		Call sign (if any)	

SECTION E PAYMENTS	
I am paying for	_____ candidates.
I have paid via the RSGB Shop.	£ _____
My receipt number is	_____
I am sending a cheque for	£ _____

FEES		
Foundation level	£27.50	per candidate
Intermediate level	£32.50	per candidate
Full level	£37.50	per candidate

SECTION F EXAM SECRETARY	
I confirm that the details given above are correct.	Signature
	Date:

Note: We aim to get the Examination Papers and paperwork to you a week before the exam. Please call the RSGB on 01234 832717 if you have not received them