



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Has your amateur license ever been revoked?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

