

APPLICATION FOR CLASS 8 PERSONAL RADIO SERVICE

Name of Applicant: _____

**Place where station
Is to be licensed:** _____

Tel. No. of Station: _____

	RADIO	RADIO	RADIO
MANUFACTURER:			
MODEL:			
SERIAL NUMBER:			
WHERE PURCHASED:			

*The name of the country will be sufficient if the radio was not purchased in Bermuda. If the radio was purchased in Bermuda, state the name of the vendor.

I certify that the above information is correct and hereby apply for a licence to operate a Personal Radio Service.

Signature of Applicant

Date of Birth

Address of Applicant

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Telephone No.

(if different from above)

FOR OFFICIAL USE ONLY		
Licence Number:	Licence Fee:	Receipt Number:
Valid From:	Valid To:	
Approved By:		
Approval Date:		
Entered By:		

