REQUEST FOR OPERATOR/STATION AUTHORIZATION

ROA (CAPF 76) NO: NH- (Leave Blank) Expiration Date: _____ (Leave Blank)

TACTICAL CALL SIGN: ABENAKI (Leave Blank) Expiration Date: _____ (Leave Blank)

THIS SECTION MUST BE FILLED OUT COMPLETELY:

Name: _____

Address: _____ City: _____ State: _____ ZipCode: _____

Grade: _____ Charter No. NER-NH- _____ CAPID: _____

Home Phone: _____ Work Phone: _____ Work Fax: _____

Pager No: _____ Cell Phone: _____ Home Fax: _____

Amateur License Class: _____ Amateur Call Sign: _____ Commercial License: _____

Packet Call Sign: _____ E-mail Address: _____

CAPF 76 No: _____ Expiration Date: _____ (required for RSA or ACUT training)

THIS SECTION IS REQUIRED IF ANY RADIOS ARE TO BE USED OR ISSUED FOR CAP.

FAA Coordination

a. Will the antenna be over 500 feet above the ground? Yes ☐ No ☐

b. If the antenna is within 3 NM of an airport (remember that an airport could have the border placed beyond actual fencing): Will the antenna be at or above 200 feet above the airport elevation? Yes ☐ No ☐

Note: If you have answered YES to either 2a or 2b above FAA coordination will be required.

Location Of Antenna (Base ground station)

a. City: _____

TABLE OF ALLOWANCES QUALIFYING ES RATING: _____

b. Latitude: _____ North Longitude: _____ West

THIS SECTION IS REQUIRED IF PRIVATE OR CORPORATE RADIOS ARE TO BE USED FOR CAP:

List Make, Model, SN, Band (HF, VHF/FM, VHF/AM Av) of any privately owned radios to be used for CAP (NTIA compliance reqd):

CAP Operational Frequency Bands and Mode s You Plan To Operate On: (Check as appropriate.)

Fixed: Emergency Power(specify):_____ HF/SSB ☐ VHF/FM ☐ Airband ☐

Packet ☐ 4/ 7MHz SSB ☐ 26MHz ☐ SHARES ☐ MARS ☐

Mobile Emergency Power(specify)_____ HF/SSB ☐ VHF/FM ☐ Airband ☐

Packet ☐ 4/ 7MHz SSB ☐ 26MHz ☐ FRS ☐ ARS ☐ DF ☐ ELT Trainer ☐ Portable GPS ☐

THIS SECTION IS REQUIRED FOR BCUT OR ACUT COMPLETION, CALLSIGN or RENEWAL/REISSUE:

I CERTIFY THAT THE ABOVE NAMED REQUESTOR HAS SUCCESSFULLY COMPLETED

BASIC CUT _____ DATE OR THE ADVANCED CUT _____ DATE (Please list dates of training)

INSTRUCTOR SIGNATURE: _____

CALLSIGN REQUESTED (requires ACUT) ☐ RENEWAL OR REISSUE OF ROA ☐ OR RSA REQUESTED ☐

Requester's Signature: _____ Date: _____

Unit Commander's Signature: _____ Date: _____

FOR WING USE ONLY

Date Requested: _____ Date Approved/Disapproved: _____ Signature of Licensing Officer: _____