Katahdin Amateur Radio Society, Inc.

P.O. Box 4 New Sweden, ME 04762 https://katahdinradio.org/

Amateur Radio Relicensing Affidavit

The purpose of this affidavit is to verify that the individual named herein is in fact the person who is / was the authorized holder of an expired amateur radio license issued by the U.S. Federal Communications Commission (FCC). That license has now expired, and is past the 2 year and 1 day cutoff period for automatic renewal.

Warning: All statements herein are subject to applicable Federal and State laws concerning commission of perjury, violation of which can result in significant penalties. **Attempting to obtain an amateur radio license by fraudulent means is an offense punishable by federal law.** [Reference: 47 CFR §97.17 (c)]

Statement of applicant: (Check appropriate boxes and fill in blanks as appropriate. Please print legibly)

| erson making ap | plication for license | | | |
|--|----------------------------|--|--|---------------------|
| 0. | | Last name (please print) | First name | Initial |
| urrent mailing ac | ldress: | ess line 1 (Street name and number, | | |
| - | Addre | ess line 1 (Street name and number, | , or PO Box number) | |
| _ | Address line 2 | City | State (2-lette | er) ZIP Code |
| icense informatio | on: Call Sign | | | |
| om expired license) | Call Sign | Class Privile | ges Is | sue date (if known) |
| pplicant contact | information: | rimary telephone number | Altornata ta | elephone number |
| | ٢ | nmary telephone number | Alternate te | elephone number |
| | | | | |
| mary E mail address My name a | nd mailing address | Alternate E | [:] mail address hat shown on my expired | d license. |
| My name a | - | | hat shown on my expired | |
| My name a | as changed from tha | have not changed from th | hat shown on my expired ense. My previous nan | |
| My name and My name ha | as changed from tha | have not changed from th t shown on my expired lice | hat shown on my expired ense. My previous nan e | ne was: |
| My name and My name and My name had been been been been been been been bee | as changed from tha | have not changed from th t shown on my expired lice First name s changed from that show | hat shown on my expired ense. My previous nan e | ne was: |

I attest by my signature that these facts as entered are complete and true to the best of my knowledge, and that I intend by this affidavit to affirm that I have previously held a FCC issued amateur radio license of the specified class (now expired and beyond the 2 year and 1 day limit for automatic renewal), and that I am making application for a new or upgraded license with privileges based on these same facts.

I authorize the Katahdin Amateur Radio Society, Inc. to take whatever steps are needed to verify these facts in consideration of their filing of an application for a new amateur radio license on my behalf. I also understand that attempting to obtain an amateur radio license by fraudulent means is an offense punishable by federal law. [Reference: 47 CFR §97.17 (c)]

| Signature: | |
|------------|--|
|------------|--|

Applicant signature (sign in ink)

Date signed

Statement of Witnesses (required only if the applicant's name and / or mailing address have changed from that shown on the original license): By your signature(s) herein, you are attesting that you do in fact know the person making application for a new or upgraded amateur radio license, and that the person is whom they claim to be, and that all facts as presented herein are complete and true to the best of your knowledge.

| Witness 1: | | | | | |
|---------------|--------------------------|-----------------------------|---------|----------|----------------|
| _ | Last name (please print) | First name | Initial | Call Sig | n, if licensed |
| Contact info | : | | | | |
| | Mailing address | City | | State | ZIP Code |
| | Telephone Number | Email address | | | |
| Signature: (p | please sign in ink) | Signature of first witness | | Date | Signed |
| | | - | | | c . |
| Witness 2: _ | Last name (please print) | First name | Initial | | n, if licensed |
| | Last name (please print) | First name | Initial | Call Sig | n, ir licensed |
| Contact info | : | | | | |
| | Mailing address | City | | State | ZIP Code |
| | Telephone Number | Email address | | | |
| Signature: (p | please sign in ink) | | | | <u> </u> |
| | | Signature of second witness | | Date | Signed |