



ARRL VEC License Class Certificate Order Form

www.arrl.org/License-Certificates

Name _____ Call sign _____

NOTE: Type your name EXACTLY how you want it to appear on certificate

Address _____

City _____ State _____ Zip _____ Country _____

^ This is where your certificate will be sent ^

Phone Number _____ Email Address _____

License Class _____ License Class Issue Date _____

FEE: (Fees include First Class mail postage)

- \$12.00 - ARRL Members
 \$15.00 - Non-ARRL Members

Payment Options:

- Mastercard Visa
 American Express Discover
 Check/Cash

Cardholder Name _____

Card # _____ Exp. Date _____

Is the above address the address that is associated with your credit card? YES NO

If not, please provide the address associated with your credit card:

**By typing your name below, you are signing this form electronically. Understand that your electronic signature is legally binding, as if you had physically signed the document by hand.*

Signature _____ Date _____

You can e-mail, fax or mail your form & fee to:

E-Mail: certificate@arrl.org (You can e-mail this form to ARRL as a file attachment)

Fax: 860-594-0339

Mail: ARRL VEC License Certificate
225 Main Street
Newington, CT 06111, USA