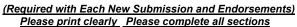
## DXCC AWARD APPLICATION





Date

| I am applying  | for t             | he     | follo   | owi    | ng I           | DX     | CC           | awa           | ards                   | s (ch         | nec   | k ar         | pro   | pri   | ate   | box        | xe  | s)      | Call Sign   |  |  |
|--|-------------------|--------|---------|--------|----------------|--------|--------------|---------------|------------------------|---------------|---|--------------|---|-------|-------|------------|-----|---------|---|--|--|
| 11 7 0   | М                 | P<br>H | C<br>W  | R<br>T | S              | 1<br>6 | 8            | <b>4</b><br>0 | 3                      | 2             | 1<br>7  | 1 5          | 1 2   | 1     | 6     | 2          |     | 5       | Ex Calls  |  |  |
|  |                   | О      | w       | T      | A<br>T         | 0      | M            | M             |                        |               |   |              | M   |       | M     | М          | ]   |         |   |  |  |
|  |                   |        |         | Y      |                | M      |              |               |                        |               |   |              |   |       |       |            | 2   | K       | Name<br>Last (Spanish, Apellido) First  |  |  |
| New Award  |                   |        |         |        |                |        |              |               |                        |               |   |              |   |       |       |            |     | 1       | Mailing Address   |  |  |
| Endorse  |                   |        | İ       |        |                |        |              |               |                        |               |   |              |   |       |       |            | I   | ı       | Maining Addicss   |  |  |
| 5B Endorse   |                   |        |         |        |                |        |              |               |                        |               |   |              |   |       |       |            |     |         |   |  |  |
| You must mark those qsos on your cards for which you wish credit  # of QSL cards enclosed  |                   |        |         |        |                |        |              |               |                        | have<br>oplic | e su<br>catio   | bmi<br>on v  | (City, State/Zip, Country)  This is where your cards, paperwork, & certificates will be shipped  Check here if this is a new address  Telephone #:  |       |       |            |     |         |   |  |  |
| Fees:  | 10 Œ              | inat   |         | . DV   | ree            | ina    | lood a       |               |                        | etifi.a       | ata a   | and I        | DVC   | · O   | i     | to         |     |         | Email Address   |  |  |
| Initiation fee - \$10 (First ever DXCC, includes one certificate and DXCC pin, up to 120 QSOs)  Application fee for endorsements and additional new awards (per calendar year)  ARRL members 1 <sup>st</sup> submission of the year - \$10 (up to 120 QSOs)  ARRL members, additional submissions - \$20 each (up to 100 QSOs)  Non-ARRL members (non-US only*) 1 <sup>st</sup> submission of the year - \$20 (up to 120 QSOs)   |                   |        |         |        |                |        |              |               | ls (p<br>o 12<br>ıp to | er ca<br>0 Qs | Name on Certificate (Print name exactly as you want it to appear on certificate)  Please provide the following information: |              |   |       |       |            |     |         |   |  |  |
| <ul> <li>Non-ARRL members (non-US only*), additional submissions - \$30 each</li> </ul>  |                   |        |         |        |                |        |              | ions          |                        | Award Fees:   |   |              |   |       |       |            |     |         |   |  |  |
| (up to 100 * Applicants  |                   |        | and     | pos    | sess           | sions  | mu           | st ho         | old c                  | urrei         | nt A  | RRI          | me  | mbe   | rshij | <b>)</b> . |     |         | Estimated Postage:  |  |  |
| Additional Fees  |                   |        |         |        |                |        |              |               |                        |               |   |              |   |       |       |            |     |         | Total amount sent:  |  |  |
| <ul> <li>Additional Fees</li> <li>Certificate fee (new or replacement) - \$10 (Includes one DXCC pin)</li> <li>A \$0.15 fee applies for each QSO in excess of established limits</li> <li>All applications presented at ARRL HQ or conventions attended by DXCC staff - \$5 surcharge (limit 120 QSOs)</li> </ul>  |                   |        |         |        |                |        |              |               |                        |               | shed  | lim          | Method of Payment:U.S. Currency Check or Money Order Credit Card #  |       |       |            |     |         |   |  |  |
| Complete DXC   | C fee             | ar     | e sho   | own    | in l           | Rule   | 15           | of th         | ie B                   | asic          | DX  | C <b>C</b> 1 | Rule  | es    |       |            |     |         | Credit Card Exp Date:   |  |  |
| The use of a current DXCC application form is required Do not use this form for plaque or pin orders Return postage is required for the return of cards and all written requests DXCC accepts most credit cards. If you are not sure of the correct charges, you may use a credit card. This will allow us to charge the exact amount. You must clear previous balances (per your last credit slip) with this submission in order to avoid delays.  DXCC cannot bill you |                   |        |         |        |                |        |              |               |                        |               |   | e coi        | Return My QSL Cards Via: *  Registered Mail (Recommended) First Class Mail Certified Mail (US Only) Airmail Fedex Other (Please Specify)  * If left blank, we will ship via Registered Mail at your expense |       |       |            |     |         |   |  |  |
|  | l by I            | XC     | CC C    | ard    | Che            |        |              |               |                        |               |   |              |   |       |       |            |     |         | shed for Amateur Radio in my country. I understand that ARRL is not responsible d by the decisions of the ARRL Awards Committee and that all decisions of the                               |  |  |
| Signature (REQ   | QUIR              | ED)    |         |        |                |        |              |               |                        |               |   |              | Ca  | llsig | n     |            |     |         | Date ARRL Membership Expiration Date  |  |  |
| For questions or cl  | arifica<br>ards/d | tions  | s, plea | ase v  | write<br>s.htn | to th  | e Di<br>he D | XCC<br>XCC    | Desk<br>Des            | at the        | ne ab   | ove a        | ddre<br>onta  | ss, o | r via | e-ma       | ail | to dxcc | t, Newington, CT 06111, U.S.A.  (@arrl.org To confirm the receipt of your application, go to this link: one: 860-594-0234, Fax: 860-594-0259 (24 hour direct line to ARRL HQ). For complete |  |  |
| I affirm that I ha   | ve pei            | rson   | ally    | insp   | pecte          | ed th  | e co         | nfirı         | mati                   | ons a         | and v   |              |   |       |       |            |     |         | Checker Use Only rue and correct.   |  |  |

DXCC Card Checkers must forward the application and fees to HQ within 2 working days. **FIELD CHECKED APPLICATIONS MAY BE SUBMITTED ONLY BY CARD CHECKERS.**MSD-505 (Oct 04)

Callsign

## **DXCC Record Sheet**

|           | Page of |
|-----------|---------|
| Your Call |         |

Note: Cards may be submitted directly to ARRL or checked by a DXCC Card Checker. If cards are sent direct to ARRL, it is not necessary to fill out this form. This form *must* be completed if a Card Checker checks the application. In *either* case, the cards or listed credits must be sorted first by band then by mode. If you fill out the form, supply all information as requested. Be sure to use the Entity name, not just the prefix. Cards indicating multiple contacts must be placed together. If cards with multiple credits are submitted direct to ARRL, a notation must be made on each card indicating which credits are to be entered. If no indication is made on a card, all credits will be entered into your record.

|    |      | QSO DATE     |      |      |        |
|----|------|--------------|------|------|--------|
|    | CALL | (DD  MM  YY) | BAND | MODE | ENTITY |
| 1  |      |              |      |      |        |
| 2  |      |              |      |      |        |
| 3  |      | 1 1          |      |      |        |
| 4  |      | l l          |      |      |        |
| 5  |      | l l          |      |      |        |
| 6  |      | l l          |      |      |        |
| 7  |      | l l          |      |      |        |
| 8  |      | l l          |      |      |        |
| 9  |      | l l          |      |      |        |
| 10 |      |              |      |      |        |
| 11 |      | 1 1          |      |      |        |
| 12 |      | 1 1          |      |      |        |
| 13 |      | l l          |      |      |        |
| 14 |      | l l          |      |      |        |
| 15 |      |              |      |      |        |
| 16 |      | 1 1          |      |      |        |
| 17 |      |              |      |      |        |
| 18 |      | 1 1          |      |      |        |
| 19 |      | l l          |      |      |        |
| 20 |      |              |      |      |        |
| 21 |      |              |      |      |        |
| 22 |      |              |      |      |        |
| 23 |      | 1 1          |      |      |        |
| 24 |      | l l          |      |      |        |
| 25 |      |              |      |      |        |

This side of form may be photocopied if more pages are needed.