



SOUTH AFRICAN RADIO LEAGUE

PO BOX 1721, STRUBENSVALLEI 1735, SOUTH AFRICA
Telephone 011 675-2393 – Fax 011 675-2793
Email: admin@sarl.org.za Web: www.sarl.org.za

APPLICATION FOR APPOINTMENT AS AN ASSESSOR FOR CLASS A1 (ZS) LICENSE ASSESSMENTS (EXCLUDING MORSE CODE)

(Please print)

Call sign	SARL Membership number	
First names	Surname	
Title	Identity Number	Date of birth
Home address	Postal code	
Postal address	Postal code	
Home telephone	Work Telephone	
Fax number	Cell number	
Email address		
Type(s) of assessments to be conducted by the applicant (delete inapplicable)		
Operating Achievement / Electronics Construction / Public Service Communications & Recognition of Professional Qualifications		
SARL affiliated club to which the applicant belongs		
Proposer (club chairman) – signature & callsign	Seconder (club committee member) – signature & callsign	

I hereby declare that:

1. I have held a Class A1 (ZS) license for at least two years.
2. I am a fully paid up member of the SARL and have been for the past two years.
3. My application is supported by a SARL affiliated Radio Club as indicated above.
4. I undertake to abide by the procedures and rules applicable to assessors as laid down by the SARL from time to time.
5. I will abide by the requirements of the Telecommunications Act and the Radio Regulations promulgated thereunder.
6. I undertake to strictly abide by the Amateur Code of Conduct.
7. I agree that in the event that I am no longer able to fulfill the role of assessor, or if I cease to be a member of the club or SARL for any reason, contravene the conditions of my appointment, contravene the Telecommunications Act or any regulations, or am found to act in a dishonest or fraudulent manner, my appointment becomes null and void and I will cease all assessments and return all assessment forms in my possession.

I have read and understood all the conditions of this appointment.

Signature	Date
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For SARL office use only:

Application received and checked by _____ Date: _____

If any required information is necessary then the applicant should be informed by email or telephone. The application may not be approved until all required information has been submitted.

To be completed by a duly authorized member of Council

Name of Councilor _____ Callsign: _____

The application is (delete inapplicable) approved / rejected Date: _____

Reason if application rejected _____

For SARL Office use only:

Applicant informed of outcome by _____ email / telephone / letter Date: _____