



South African Radio League

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Application for assessment

To be completed by candidate

Full Names	Surname
Current call sign	ID Number
Postal address	
Postal code	
Phone number (Home)	Phone number (Work)
Cell Number	Email address

Indicate your type of assessment below (Mark with X)

Operating
achievement

Electronics
construction

Public
service

Professional
qualifications

Morse
code

Short description of assessment

Date

Signature (Candidate)

Please note: This form must be accompanied by a numbered Assessors from signed by two SARL appointed assessors.