FEDERAL COMMUNICATIONS COMMISSION
GETTYSBURG, PENNSYLANIA

APPLICATION FORM 610 FOR AMATEUR OPERATOR/PRIMARY STATION LICENSE

See instructions for information regarding public burden estimate.

SECTION 1 - TO BE COMPLETED BY APPLICANT (See instructions)

1. Print or type last name Simpson	Suffix	First name Bartholemew	Middle initial J	2. Date of birth 1 2 – 2 0 – 8 8 month day year
3. Mailing address (Number and street) 1123 Anystreet		City Springfield	State code IL	ZIP code 00000

4. I HEREBY APPLY FOR (make an X in the appropriate box(es)):

4A. ☐ **EXAMINATION** for a new license

4B. ☐ **EXAMINATION** for upgrade of my operator license class

4C. ☐ **CHANGE** my name on my license to my new name in item 1. My former name was:

____
(Last name) (Suffix) (First name) (MI)

4D. ☒ **CHANGE** my mailing address on my license to my new address in item 3.

4E. ☐ **CHANGE** my station call sign systematically (See instructions)
Applicant's initials: ____________

4F. ☐ **RENEWAL** of my license

5. Unless you are requesting a new license, attach the original or a photocopy of your license to the back of this Form 610 and complete items 5A and 5B.	5A. Call sign shown on license N4QRT	5B. Operator class shown on license General

6. Would an FCC grant of your request be an action that may have a significant environmental effect? ☒ **NO** ☐ **YES** (Attach required statement)

7. If you have filed another Form 610 that we have not acted upon, complete items 7A and 7B.	7A. Purpose of other form	7B. Date filed __ __ – __ __ – __ __ month day year

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT, (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)) AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I CERTIFY THAT ALL STATEMENTS AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH; THAT I AM NOT A REPRESENTATIVE OF A FOREIGN GOVERNMENT; THAT I WAIVE ANY CLAIM TO THE USE OF A PARTICULAR FREQUENCY REGARDLESS OF PRIOR USE BY LICENSE OR OTHERWISE; AND THAT THE STATION TO BE LICENSED WILL BE INACCESSIBLE TO UNAUTHORIZED PERSONS.

8. Signature of applicant (Do not print, type or stamp.) (Must match name in item 1.) **X**______________________________	9. Date signed 0 5 – 0 3 – 9 4 month day year

SECTION 2 - TO BE COMPLETED BY ALL ADMINISTERING VE's

A. Applicant is qualified for operator license class:

☐	**NOVICE**	**(Elements 1(A), 1(B), or 1(C) and 2)**
☐	**TECHNICIAN**	**(Elements 2 and 3(A))**
☐	**TECHNICIAN PLUS**	**(Elements 1(A), 1(B), or 1(C), 2 and 3(A))**
☐	**GENERAL**	**(Elements 1(B) or 1(C), 2, 3(A), and 3(B))**
☐	**ADVANCED**	**(Elements 1(B) or 1(C), 2, 3(A), 3(B), and 4(A))**
☐	**AMATEUR EXTRA**	**(Elements 1(C), 2, 3(A), 3(B), 4(A) and 4(B))**

B. VEC receipt date:

C. Name of Volunteer-Examiner Coordinator (VEC):

D. Date of VEC coordinated examination session:

E. Examination session location:

I CERTIFY THAT I HAVE COMPLIED WITH THE ADMINISTERING VE REQUIREMENTS IN PART 97 OF THE COMMISSION'S RULES AND WITH THE INSTRUCTIONS PROVIDED BY THE COORDINATING VEC AND THE FCC

1st VE's name (Print First, MI, Last, Suffix)	VE's station call sign	VE's signature (must match name)	Date signed
2nd VE's name (Print First, MI, Last, Suffix)	VE's station call sign	VE's signature (must match name)	Date signed
3rd VE's name (Print First, MI, Last, Suffix)	VE's station call sign	VE's signature (must match name)	Date signed

V3.01

ATTACH ORIGINAL OR A PHOTOCOPY OF YOUR LICENSE HERE:

SECTION 3 - TO BE COMPLETED BY PHYSICIAN

PHYSICIAN'S CERTIFICATION OF DISABILITY

Please see notice below

Print, Type or stamp physician's name: ______________________________

Street address: ______________________________

City, State, ZIP code: ______________________________

Office telephone number: (   ) ______________________________

I CERTIFY THAT I have read the Notice to Physician Certifying to a Disability, and that the person named in item 1 on the reverse is severely handicapped, the duration of which will extend for more than 365 days beyond this date. Because of the severe handicap, this person is unable to pass a 13 or 20 words per minute telegraphy examination. I am licensed to practice in the United States or its Territories as a doctor of medicine (M.D.) or doctor of osteopathy (D.O.). I have considered the accommodations that could be made for this person's disability and have determined that, even with accommodations, this person would be unable to pass a 13 or 20 words per minute telegraphy examination.

WILLFUL FALSE STATEMENT IS PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001)

➽ ______________________________ ____________ ____________

PHYSICIAN'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP) M.D. or D.O. DATE SIGNED

PATIENT'S RELEASE

Authorization is hereby given to the physician named above, who participated in my care, to release to the Federal Communications Commission any medical information deemed necessary to process my application for an amateur operator/primary station license.

➽ ______________________________ ____________

APPLICANT'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP) DATE SIGNED

NOTICE TO PHYSICIAN CERTIFYING TO A DISABILITY

You are being asked by a person who has already passed a 5 words per minute telegraphy examination to certify that, because of a severe handicap, he/she is unable to pass a 13 or 20 words per minute telegraphy examination. If you sign the certification, the person will be exempt from the examination. Before you sign the certification, please consider the following:

THE REASON FOR THE EXAMINATION - Telegraphy is a method of electrical communication that the Amateur Radio Service community strongly desires to preserve. We support their objective by authorizing additional operating privileges to amateur operators who increase their skills to 13 and 20 words per minute. Normally, to attain these levels of skill, intense practice is required. Annually, thousands of amateur operators prove by passing examinations that they have acquired the skill. These examinations are prepared and administered by amateur operators in the local community who volunteer their time and effort.

THE EXAMINATION PROCEDURE - The volunteer examiners (VEs) send a short message in the Morse code. The examinee must decipher a series of audible dots and dashes into 43 different alphabetic, numeric and punctuation characters used in the message. To pass, the examinee must correctly answer questions about the content of the message. Usually, a fill-in-the-blanks format is used. With your certification, they will give the person credit for passing the examination, even though they do not administer it.

MUST A PERSON WITH A HANDICAP SEEK EXEMPTION?

No handicapped person is required to request exemption from the higher speed telegraphy examinations, nor is anyone denied the opportunity to take the examinations because of a handicap. There is available to all otherwise qualified persons, handicapped or not, the Technician Class operator license that does not require passing a telegraphy examination. Because of international regulations, however, any handicapped applicant requesting exemption from the 13 or 20 words per minute examination must have passed the 5 words per minute examination.

ACCOMMODATING A HANDICAPPED PERSON - Many handicapped persons accept and benefit from the personal challenge of passing the examination in spite of their hardships. For handicapped persons without an exemption who have difficulty in proving that they can decipher messages sent in the Morse code, the VE's make exceptionally accommodative arrangements. They will adjust the tone in frequency and volume to suit the examinee. They will administer the examination at a place convenient and comfortable to the examinee, even at bedside. For a deaf person, they will send the dots and dashes to a vibrating surface or flashing light. They will write the examinee's dictation. Where warranted, they will pause in sending the message after each sentence, each phrase, each word, or each character to allow the examinee additional time to absorb and interpret what was sent. They will even allow the examinee to send the message, rather than receive it.

YOUR DECISION - The VEs rely upon you to make the necessary medical determination for them using your professional judgement. You are being asked to decide if the person's handicap is so severe that he/she cannot pass the examination even when the VEs employ their accommodative procedures. The impairment, moreover, will last more than one year. This procedure is not intended to exempt a person who simply wants to avoid expending the effort necessary to acquire greater skill in telegraphy. The person requesting that you sign the certification will give you names and addresses of VEs and other amateur operators in your community who can provide you with more information on this matter.

DETAILED INSTRUCTIONS - If you decide to execute the certification, you should complete and sign the Physician's Certification of Disability on the person's FCC Form 610. You must be an M.D. or D.O. licensed to practice in the United States or its Territories. The person must sign a release permitting disclosure to the FCC of the medical information pertaining to the disability.

FCC Form 610
November 1993