ARRL Youth Licensing Grant Program

ARRL The National Association for **Amateur Radio®**

FCC APPLICATION FEE REIMBURSEMENT INFORMATION

ARRL will cover the one-time $35 application fee for new license candidates younger than 18-years old for tests administered under the auspices of the ARRL Volunteer Examiner Coordinator (ARRL VEC). The $35 FCC application fee will be reimbursed after the ARRL VEC receives the completed reimbursement form and the new license has been issued by the FCC. The reimbursement check will be mailed to the fee payer. Also, candidates younger than 18-years old would pay a reduced exam session fee of $5 to the ARRL VEC VE team at the time of the exam. Proof of under 18 status is required at the session (**www.arrl.org/what-to-bring-to-an-exam-session**).

EXAMINEE	
EXAMINEE FIRST NAME	**EXAMINEE LAST NAME**
DATE OF EXAMINATION	**FCC REGISTRATION NUMBER (FRN)**
LOCATION OF EXAMINATION: CITY AND STATE	

PAYER – THIS INDIVIDUAL WILL RECEIVE THE REIMBURSEMENT		
PAYER FIRST NAME	**PAYER LAST NAME**	**CALL SIGN (IF ANY)**
MAILING ADDRESS (Number and Street or P.O. Box)		**DAYTIME PHONE NUMBER**
CITY	**STATE CODE**	**ZIP CODE**
EMAIL ADDRESS (MANDATORY)		
RELATIONSHIP TO EXAMINEE (PLEASE CHECK ONLY ONE BOX)		
☐ Self ☐ Parent/Guardian ☐ Teacher ☐ Club ☐ Mentor/Elmer ☐ Other _____		

For reimbursements of multiple examinees from the same payer, please use the back of the form.

Additional candidate and VE team information and payer instructions are located on the ARRL website: **www.arrl.org/youth-licensing-grant-program**.

ARRL VEC 225 Main St. Newington, CT 06111   email: VEC@arrl.org   FAX: 860-594-0339

MULTIPLE FEE REIMBURSEMENTS INFORMATION

Please complete the payer information on the front of the form.
If multiple youth FCC fee reimbursements are being requested from a single payer, please fill out the session and examinee information below. Use a second reimbursement form if the number of examinees is greater than 15.

EXAM SESSION INFORMATION

DATE OF EXAMINATION

LOCATION OF EXAMINATION: CITY AND STATE

TOTAL NUMBER OF REIMBURSEMENTS　　　　　　　　　　**REIMBURSEMENT TOTAL**

_____ **(number of payments)　X　$35.00　=　_____**

EXAMINEES

#	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
1	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
2	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
3	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
4	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
5	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
6	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
7	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
8	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
9	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
10	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
11	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
12	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
13	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
14	EXAMINEE FIRST NAME	EXAMINEE LAST NAME
15	EXAMINEE FIRST NAME	EXAMINEE LAST NAME