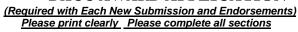
## DXCC AWARD APPLICATION





I am applying	for	the	fol	low	ing	DX	СС	awa	ards	s (c	hec	k a	opr	opri	ate	bo	xe	es)	Call Sign
	M	P	C		S	1	8	4		2		1	1					5	Ex Calls
	I	H	W	T	A T	6	0 M	0 M	0 M	0 M		5 M	2 M			M		B D	
				Y		M												x	NameLast (Spanish, Apellido) First
New Award																			
Endorse																	h		Mailing Address
5B Endorse																			
# of QSL cards # of QSOs	Number of the state of the stat	per	t eversem subindictions (r	ents miss onal non- non-	and ion cosubinus countries with the subject of the	add add sonly*	llude iition e ye. iions ) 1 <sup>s</sup> ), a s mu	al no ar - \$2 - \$2 subdition st ho	ap Lo	ware (up t (ision sub	e su cation ook cate a ds (p to 12 up to of the miss nt A	on voor of the state of the sta	ittervia the  DX(  alen SOs ) QS car	dar galanting da	n rld bin, 1 yyear )	up t		edit	(City, State/Zip, Country)  This is where your cards, paperwork, & certificates will be shipped  Check here if this is a new address  Telephone #:  Email Address  Name on Certificate
DXCC sta	A \$0.15 fee applies for each QSO in excess of established limits All applications presented at ARRL HQ or conventions attended by DXCC staff - \$5 surcharge (limit 120 QSOs)  Complete DXCC fees are shown in Rule 15 of the Basic DXCC Rules												U.S. Currency Check or Money Order Credit Card #  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												writte e con	Return My QSL Cards Via: * Registered Mail (Recommended) First Class Mail Certified Mail (US Only) Airmail Fedex Ground (US Only) Other (Please Specify)  *  If left blank, we will ship via Registered Mail at your expense						
	d by	DX	CC (	Card	Che														ished for Amateur Radio in my country. I understand that ARRL is not responsible and by the decisions of the ARRL Awards Committee and that all decisions of the
Signature (RE	QUII.	RED	)										Ca	llsig	gn				Date ARRL Membership Expiration Date
For questions or c	larific <b>ards</b> /	atior dxcc	ns, pl / <b>app</b>	ease statu	write ı <b>s.ht</b> ı	to th	ne Di he D	XCC XCC	Desl Des	k at tl	he ab n also	ove a	addre conta	ess, c	or via as fo	e-n	nail	to dx	tet, Newington, CT 06111, U.S.A. cc@arrl.org To confirm the receipt of your application, go to this link: hone: 860-594-0234, Fax: 860-594-0259 (24 hour direct line to ARRL HQ). For complete
I affirm that I ha	ive po	erso	nally	ins	pect	ed th	ne co	onfir	mati	ons	and '								Checker Use Only true and correct.
 Signature															Call	sign			Date

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 (May 04)

## **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		1 1			
2		1 1			
3					
4					
5		1 1			
6		1 1			
7		l l			
8		l l			
9		1 1			
10		l l			
11		l l			
12					
13		1 1			
14		1 1			
15		1 1			
16		1 1			
17		1 1			
18		1 1			
19		1 1			
20		1 1			
21					
22					
23					
24					
25					

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