



- Application for:
- Mixed Mode
 - Single Mode
 - Single Band
 - 5BWAZ
 - 160 Meter
 - 6 Meter WAZ
 - Satellite WAZ
 - EME WAZ

Your Call: _____

Name (as you want it on your certificate) _____

Address: _____

Previous Calls _____

YOUR e-mail address: _____

WAZ Award No. / Type (for 5BWAZ applications ONLY)

Signature of Applicant: _____

(by signing this application you agree that you have abided by the rules of the WAZ program.)

RECORD OF ZONES CONTACTED

Zone No.	CALL	DATE (yyyy-mm-dd)	TIME (hh:mm:ss)	BAND	MODE
1					
2					
3					
4					
5					
6					
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8					
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39					
40					

Date: _____ Certified by Checkpoint: _____ Call: _____

CQ Form 1479e (03-01-18)

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