

Application For:

WAZ



- Mixed Mode
- Single Mode
- Single Band
- 5BWAZ
- 160 Meter
- 6 Meter WAZ
- Satellite WAZ

Call:

Name: (as is it will appear on the certificate)

Address:

Previous Callsigns:

EMAIL 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 Award Program)

RECORD OF ZONES CONTACTED

Zone No.	CALL	DATE	TIME (GMT)	BAND	MODE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

CQ Form 1479 (08-01-16)

DATE: _____ CERTIFIED BY Checkpoint: _____ CALL: _____

Mail this form to: **John Bergman, KC5LK, 125 Deer Trail, Brandon, MS 39042-9409 USA**