

Innovation, Sciences et Développement économique Canada

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APPLICATION FOR A RADIO OPERATOR'S CERTIFICATE

Family Name Given Na			Name				CLASS					
									Check a	ppropriate	box(e	s)
Address (Street, P.O. Box, etc.)							(*Photog	*Photogragh required)				
,	301, 1 101 201	., 0.0.,							*P3	GOC	R/O	ROC - MC
City and Province					RI -1 X	ROC - A (AERO)	RI - 2	POC - M (MARI)				
Postal Code	Telephone N	lumber	Date of E	Birth (YY	YY-MM-[OD)	Langua Eng	_	rench	○First Exa	t minatio	Re- Examination
The above in	The above information is true to the best of my knowledge and I certify that I have no physical disabilities that would impair my abilities											
to safely operate a radio station.												
			Applic	ant's Si	gnature	9			Date (YY)	te (YYYY-MM-DD)		
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	D EXAMINE				ISE ON	ILY						
Name of Accredited Examiner and / or Institute												
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1 New		<u> </u>	Replacem	ent	3	Ame	ndment		Deletion	ı	5 🔾	Incomplete
							C	ertificate				
Rep	orting Unit	Tra	ansaction	Class	Cert.	Туре	Number	Date (YYYY-MM-I	OD) [Endors.	С	Validation Date (YYYY-MM-DD)
Examiner's Signature							Expiry Date (YYYY-MM-DD)					

INSTRUCTIONS

- 1. Certificates requiring a photograph are validated every five years and re-issued every ten years.
- 2. When writing an examination for a GOC, please provide one recent photo.
- 3. Identification must be presented at the examination. This may be a birth certificate, a baptismal certificate, a citizenship certificate, a landed immigrant identification card or a declaration of nationality status.
- 4. All information provided on this form will be stored in personal information bank number IC-PPU-021. Information of a personal nature will be protected under provisions of the *Privacy Act*. Other information in the personal information bank may be released in accordance with the *Access to Information Act*.

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