

ECUADOR HC/HD DIPLOMA APPLICATION FORM

CALLSIGN_____

NAME_____

ADR_____

CITY_____ STATE_____

ZIP CODE_____

COUNTRY_____

E-MAIL_____

HC/HD QSO's

HC1_____ DATE_____ BAND_____ MODE_____

HC2_____ DATE_____ BAND_____ MODE_____

HC3_____ DATE_____ BAND_____ MODE_____

HC4_____ DATE_____ BAND_____ MODE_____

HC5_____ DATE_____ BAND_____ MODE_____

HC6_____ DATE_____ BAND_____ MODE_____

HC7_____ DATE_____ BAND_____ MODE_____

HC8_____ DATE_____ BAND_____ MODE_____

HC9_____ DATE_____ BAND_____ MODE_____

HC0_____ DATE_____ BAND_____ MODE_____

HD1_____ DATE_____ BAND_____ MODE_____

HD2_____ DATE_____ BAND_____ MODE_____

HD3_____ DATE_____ BAND_____ MODE_____

HD4_____ DATE_____ BAND_____ MODE_____

HD5_____ DATE_____ BAND_____ MODE_____

HD6_____ DATE_____ BAND_____ MODE_____

HD7_____ DATE_____ BAND_____ MODE_____

HD8_____ DATE_____ BAND_____ MODE_____

HD9_____ DATE_____ BAND_____ MODE_____

HD0_____ DATE_____ BAND_____ MODE_____

ENDORSEMENTS REQUESTED_____

Mail application to:

Dr. Rick Dorsch, NE8Z/HC1MD

P.O. Box 616
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