

WORKED ALL INDIANA AWARD APPLICATION

Date: _____

Call Sign: _____ Ex Call Signs: _____

Applicant's Name: _____

Address: _____

City: _____

State/Province: _____

Zip Code/Postal Code: _____

Country: _____

E-mail Address: _____

APPLYING FOR:

Initial Certificate - 60 Counties _____

Endorsement:

Level I – 75 Counties _____

Level II – 85 Counties _____

Level III – 92 Counties _____

“I affirm that I have observed all award rules. I also agree to be bound by the decisions of the award manager and that all decisions of the award manager are final.”

Signature of Applicant

Call Sign

Date

CERTIFICATION

The undersigned certify upon their honor that the QSL cards for the contacts listed for this award are in the possession of the applicant and have been sighted and checked for validity.

Date: _____

Date: _____

Signature and Call

Signature and Call

Organization if any and Title

Organization if any and Title

