

Submitted by: Call Sign _____ Name: _____

GERATOL 50/50 AWARD APPLICATION FORM - Page 1

50 STATES

STATE	CALL SIGN	DATE	TIME	HIS REPORT	MY REPORT
AL					
AK					
AZ					
AR					
CA					
CO					
CT					
DE					
FL					
GA					
HI					
ID					
IL					
IN					
IA					
KS					
KY					
LA					
ME					
MD					
MA					
MI					
MN					
MS					
MO					

50 HAMS LICENSED 50 + YEARS

#	YEAR 1ST LICENSED	# YEARS LICENSED	CALL SIGN	DATE	TIME	HIS REPORT	MY REPORT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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GERATOL 50/50 AWARD APPLICATION FORM - Page 2

50 STATES

STATE	CALL SIGN	DATE	TIME	HIS REPORT	MY REPORT
MT					
NE					
NV					
NH					
NJ					
NM					
NY					
NC					
ND					
OH					
OK					
OR					
PA					
RI					
SC					
SD					
TN					
TX					
UT					
VT					
VA					
WA					
WV					
WI					
WY					

50 HAMS LICENSED 50 + YEARS

#	YEAR 1ST LICENSED	# YEARS LICENSED	CALL SIGN	DATE	TIME	HIS REPORT	MY REPORT
26							
27							
28							
29							
30							
31							
32							
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NOTE: BE SURE TO INFORM THE AWARDS MANAGER HOW YOU WOULD LIKE YOUR NAME TO APPEAR ON THE AWARD !!!

