



# ARRL WAS APPLICATION FORM

Please print or type your name and callsign **CLEARLY**:

\_\_\_\_\_  
(Print exactly as you want it on certificate)  
List any ex-calls used on any cards \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Email Address: \_\_\_\_\_

\_\_\_\_\_ I have submitted an application via LoTW

\_\_\_ I am applying for ONE of the following WAS Awards (each is numbered separately):  
\_\_\_ Basic Award (Mixed band and/or modes) \_\_\_ 50 MHz \_\_\_ 144 MHz  
\_\_\_ 432 MHz \_\_\_ 160 Meters \_\_\_ 222 MHz \_\_\_ Satellite \_\_\_ SSTV

\_\_\_ I am applying for the following ENDORSEMENTS: (check all that apply):  
\_\_\_ CW \_\_\_ Novice \_\_\_ QRP \_\_\_ EME

Single Band (**circle one**): **10 12 15 17 20 30 40 80 (Meters)**

\_\_\_ I am applying for the Phone Award (not numbered)  
\_\_\_ AM \_\_\_ FM \_\_\_ USB \_\_\_ LSB Other \_\_\_\_\_

\_\_\_ I am applying for the Digital Award (not numbered-except RTTY)  
**Circle One:** PSK31 AMTOR PacTOR CLOVER G-TOR RTTY Other \_\_\_\_\_

I have read, understood and followed all the rules of WAS:

\_\_\_\_\_  
Applicant's Signature Date

## HF AWARDS MANAGER VERIFICATION

I have personally inspected the confirmations with all 50 states and verify that this application is correct and true. This application is for the following SPECIALTY awards or ENDORSEMENTS: \_\_\_\_\_ (Write NONE if none)

\_\_\_\_\_  
Signature Callsign Date

## DIRECTIONS TO APPLICANT

1. Read WAS Rules carefully.
2. Fill out this Application Form.
3. Sort cards by state as listed on the Record Sheet and fill in Record Sheet.
4. Present application and cards to your ARRL HF Awards Manager for verification. Applications from DX stations may be certified by the Awards Manager of your IARU member-society.
5. Send application to ARRL HQ with the appropriate fee(s): \$10 for **each** WAS certificate, or \$15 for **each** WAS certificate and pin (the fee includes any endorsements on the same application); \$7.50 per endorsement application (if applying for multiple endorsements on the SAME application, with the SAME 50 QSL cards, the fee remains \$7.50). Example: 10 Meters and Novice. Send cards **ONLY** if there is no local HF Awards Manager to verify your application.
6. If mailing cards, enclose sufficient postage for return of your cards. Mail to: ARRL WAS Award, 225 Main Street, Newington, CT 06111.

## PAYMENT DETAILS

For Return Postage \$ \_\_\_\_\_ Return QSLs Via \_\_\_\_\_ Registered \_\_\_\_\_ Certified \_\_\_\_\_ First Class Mail  
For Certificate \$ \_\_\_\_\_ For Endorsement \$ \_\_\_\_\_ For Certificate and Pin \$ \_\_\_\_\_

**Total Payment:**  
Check or Money Order Enclosed \$ \_\_\_\_\_ or  
Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

## WAS RECORD SHEET

Applicant's callsign \_\_\_\_\_

List any ex-calls used on any cards submitted: \_\_\_\_\_

<b>STATE</b>	<b>CALL</b>	<b>DATE</b>	<b>BAND</b>	<b>MODE</b>
Alabama				
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland (D.C.)				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
West Virginia				
Wisconsin				
Wyoming				