

1 X 1 CALL SIGN REQUEST

CALL REQUESTED:
Prefix Numeric Suffix

COORDINATOR

BEGINNING DATE

ENDING DATE

NAME OF EVENT

REQUESTOR INFORMATION:

NAME

CURRENT CALL SIGN

MAILING ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

DAYTIME PHONE

SUBMIT REQUEST TO:

WCARS-VEC, Inc.
417 Ivy Hill Rd
Weaverville, NC 28787

email:
n4set.wnc@frontier.com