

# Amateur Radio Emergency Communications Course Field Examination Roster



Test Site: \_\_\_\_\_

Session Date: \_\_\_/\_\_\_/\_\_\_

CEP Exam Session ID#: \_\_\_\_\_

Sponsoring Organization Name (Optional: if none, write "None"): \_\_\_\_\_

Is this exam session offered in association with a class? Yes/No

If yes, please provide names of instructor(s) below.

\_\_\_\_\_

	EXAMINEE'S NAME (please print)	CALL SIGN (if any) (✓)	CLASS with EXAM (✓)	EXAM ONLY (✓)	EC-001 P (PASS) OR F (FAIL)
1					
2					
3					
4					
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9					
10					
11					
12					

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Number of applicants listed on this page \_\_\_\_\_

Field Examiner Team: Keep a copy for your records

