

**PERSONAL QUESTIONNAIRE FOR APPLICANTS
FOR RECIPROCAL AMATEUR RADIO LICENCE**

FAMILY NAME : _____

PREVIOUS FAMILY NAME (IF CHANGED) _____

FIRST NAME (S) _____

FATHER'S NAME _____

PLACE OF BIRTH : _____

DATA OF BIRTH : _____

DATE OF ARRIVAL IN ISRAEL _____

COUNTRY OF PREVIOUS RESIDENCE _____

PRESENT ADDRESS _____

LAST ADDRESS _____

OCCUPATION _____

PRESENT PLACE OF EMPLOYMENT _____

PREVIOUS PLACE OF EMPLOYMENT _____

PASSPORT No. _____ COUNTRY _____

EQUIPMENT : _____

ADDRESS IN ISRAEL : _____

DATE _____

SIGNATURE _____

**Declaration of secrecy of correspondence in compliance with the
international radio regulations and the post office ordinance**

I.....

holder of certificate

Callsign.....

of class.....

hereby declare that I shall not divulge to any person other than an authorized Israel I government official any information whatsoever contained in messages transmitted or received which may come to my notice in the course of my activities as a certified radio operator.

I hereby undertake to refrain from transmitting or receiving any information not intended to be handled by my station, and in the event of the accidental reception of such information not to disclose their existence, much less their content, or even reveal their existence and not to make use of them for any purpose whatsoever.

Date.....Signature.....

STATE OF ISRAEL
MINISTRY OF COMMUNICATIONS
SPECTRUM MANAGEMENT DIVISION
P.O.BOX 29107, TEL-AVIV 61290

TO: MIRIAM STESSEL
RADIO LICENSING