

AARG Foundation Assessment Details

Foundation Licensee Contact Details

Name : _____
Address : _____
Telephone : _____
Callsign : _____ Date of Issue : _____

Operating Details

Type of Rig : _____
Antenna : _____
Bands Operated : _____

Intermediate Level

Pre-Course Study Material : _____

Suitable for Intermediate Course : Yes No

AARG 'Buddy' or Other Nominated Licensee

Name : _____
Callsign : _____