



APPLICATION FORM FOR TWO-WAY RADIO

TEAM	
CONTACT PERSON FOR LICENCE MATTERS	
PHONE	
FAX	
E-MAIL	
MOBILE PHONE	

REQUESTED FREQUENCIES		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FULL INFORMATION CONCERNING THE ADDRESS FOR DELIVERY OF THE LICENSES	
TEAM ADDRESS	
TEAM HOTEL	
OTHER	

Please send this form to: secretariat@rallyturkey.com