

APPLICATION FORM FOR TWO-WAY RADIO

Team	
Contact person for license matters	
Tel	
Fax	
E-Mail	
Mobile Number	

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