



Department of Public Safety  
**CES DIVISION**  
**AMATEUR RADIO OPERATOR**  
**IDENTIFICATION APPLICATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Federal Communications Commission Amateur License Type: \_\_\_\_\_  
Technician Class or Better

Amateur License issued Date: \_\_\_\_\_

Amateur Call Letters: \_\_\_\_\_

Has your Amateur License ever been revoked? \_\_\_\_\_

If so, for what reason:

\_\_\_\_\_  
\_\_\_\_\_

Do you hold any other type FCC License? \_\_\_\_\_ (Yes or No)

If "YES" what type? \_\_\_\_\_

**PLEASE REMIT A COPY OF YOUR AMATEUR RADIO OPERATORS LICENSE**

Department of Public Safety  
CES Division  
P.O. Box 11415  
Oklahoma City, OK 73136-0415  
<https://www.ok.gov/dps>

**PLEASE REMIT BY MAIL, NO WALK-INS**

(For Office Use Only)

Special Personal Identification card serial number: \_\_\_\_\_