WRITTEN ELEMENT EXAMINATION ANSWER SHEET

THIS BOX IS FOR VE USE ONLY

Number VE Initials:

Correct: _____ # 1 _____

Passed ❑ # 2 _____

Failed ❑ # 3 _____

CANDIDATE INFORMATION

Please provide all information requested. Print clearly and legibly. Failure to do so may delay the processing of your application.

Circle Element Number: **2** **3** **4**

Test Design or Serial # From Test Booklet_____

_____
Your Name (Print Clearly)

_____
Call Sign and License Class (if none, write none)

_____
Your Social Security Number or Your FCC Federal Registration Number (FRN)

_____
Your Complete Mailing Address (Street or Post Office Box #)

_____
Your City, State/Country and Zip Code/Postal Code

Phone (day): _____ (night): _____

Test Site (City, State)_____

Date of test: _____

Signature: _____

TO PASS:

Element	*Class*	*Questions*	*Min. Right*	*Max. Wrong*
2	Technician	35	26	9
3	General	35	26	9
4	Extra	50	37	13

"X" or BLACKEN the correct letter.

1.	A	B	C	D
2.	A	B	C	D
3.	A	B	C	D
4.	A	B	C	D
5.	A	B	C	D
6.	A	B	C	D
7.	A	B	C	D
8.	A	B	C	D
9.	A	B	C	D
10.	A	B	C	D
11.	A	B	C	D
12.	A	B	C	D
13.	A	B	C	D
14.	A	B	C	D
15.	A	B	C	D
16.	A	B	C	D
17.	A	B	C	D
18.	A	B	C	D
19.	A	B	C	D
20.	A	B	C	D
21.	A	B	C	D
22.	A	B	C	D
23.	A	B	C	D
24.	A	B	C	D
25.	A	B	C	D
26.	A	B	C	D
27.	A	B	C	D
28.	A	B	C	D
29.	A	B	C	D
30.	A	B	C	D
31.	A	B	C	D
32.	A	B	C	D
33.	A	B	C	D
34.	A	B	C	D
35.	A	B	C	D
36.	A	B	C	D
37.	A	B	C	D
38.	A	B	C	D
39.	A	B	C	D
40.	A	B	C	D
41.	A	B	C	D
42.	A	B	C	D
43.	A	B	C	D
44.	A	B	C	D
45.	A	B	C	D
46.	A	B	C	D
47.	A	B	C	D
48.	A	B	C	D
49.	A	B	C	D
50.	A	B	C	D