



*DUVAL COUNTY ARES  
APPLICATION FOR APPOINTMENT  
OFFICIAL RELAY STATION*

**Name** \_\_\_\_\_ **Call** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone (Day)** \_\_\_\_\_ **Phone (Evening)** \_\_\_\_\_

1. Base station type  Dual band  Single band If single, which band? \_\_\_\_\_

2. Do you have emergency power?  Yes  No

3. What is the height of your antenna that you would be using? \_\_\_\_\_

4. Do you have:

Vertical omni-directional antenna

Vertical beam antenna

Horizontal beam antenna

5. Do you have a VHF/UHF amp?  Yes  No If yes, what is the power output? \_\_\_\_\_

6. Other qualifications: \_\_\_\_\_

\_\_\_\_\_

I am applying as a Primary Relay Station.

I am applying as an Auxiliary Relay Station.

I agree to maintain Duval County ARES membership and report my station activity on a regular basis.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_