

YLRL - DX – YL

(Any 10 DX YLs)

Name: _____ Call: _____ Date: _____

Address: _____ Email: _____

	Call	Country	Date	Band/Mode	Time (UTC)	First Name Of Contact
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Instructions: Make copies of your cards, front and back, or printed LoTW confirmation details. Put cards in continent order and mail with your application. If you email application, attach scanned copies of your cards, preferably 3 on a page. If you mail them, they will be returned quickly after processing, and you will be notified of the date returned.

Email or Mail to: cjf1941@roadrunner.com Carol J. Laferty, K4SAF, 55 E. Cardinal Lane, Clearfield, KY 40313