



## APPLICATION FOR ARMY MILITARY AFFILIATE RADIO SYSTEM (MARS)



Type of license requested: <input type="checkbox"/> Individual <input type="checkbox"/> Civilian Club Station <input type="checkbox"/> Military Unit Station <input type="checkbox"/> Agency Station <input type="checkbox"/> Auxiliary	Purpose of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal (Existing) <input type="checkbox"/> Modification (Existing) <input type="checkbox"/> Transfer (Existing)	If renewal, modification, or transfer, provide current MARS callsign:						
If applying for a military unit station license, please identify component: Active Component <input type="checkbox"/> National Guard <input type="checkbox"/> Reserve <input type="checkbox"/> Corps of Engineers <input type="checkbox"/> Other <input type="checkbox"/>								
Name of Individual applicant or organization (military, club or agency):								
If military unit, club or agency, name of point of contact/station custodian:								
Mailing Address ( <i>Street or POB Box, City, State, Zip code</i> ):								
Office/Work Phone #:	Home Phone:	E-Mail:						
FCC amateur radio license callsign: <i>(Applicant, please attach a photocopy of your FCC license, Not required for military unit license)</i>		Class of License:						
		Expiration Date:						
DOB: <i>(17 years old min.)</i>	Signature of parent or guardian if applicant is less than 18 years of age:							
Prior membership in MARS ? (Army, Air Force or Navy-Marine Corps): Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes to the above, list service, callsign, month &amp; year and - listing current or most recent information first)</i>								
Service:	Call Sign:	Dates:						
Service:	Call Sign:	Dates:						
Service:	Call Sign:	Dates:						
Service:	Call Sign:	Dates:						
If applying for a Club Station, enter three active Army MARS Members call signs as part of the club station:								
Custodian:	Member:	Member						
<b>STATION CAPABILITIES</b>								
<i>(List all ranges of frequencies on which your station will operate)</i>								
High Frequency Range ( <b>2-30 MHz</b> ):								
Very High Frequency Range ( <b>30 - 300 MHz</b> ):								
If you are not currently capable of operating on MARS frequencies, are you willing to modify your equipment to do so upon acceptance into the program? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Check all Modes your station is presently capable of operating:								
	FACTOR	AMTOR	CLOVER	RTTY	PACKET	PHONE PATCH	SOUND CARD MODES (E.G. PSK-31, MT-63)	OTHER
HF:								
VHF:								
Emergency Power: (e.g. Generator, Battery) <input type="checkbox"/> Yes <input type="checkbox"/> No								

**PRIVACY ACT STATEMENT**

Under the authority of 5 U.S.C. 301 and 10 U.S.C. 133, the information requested on the Army MARS Application for Membership is for the purpose of establishing, renewing, or modifying MARS membership. The form will be maintained as part of official Army MARS records. The information on this form will not be divulged without member's written consent to anyone other than established MARS officials. Disclosure of the information requested on this form is voluntary. However, failure to provide this requested information may result in disapproval of the application or inordinate delays resulting from additional research required to establish satisfactory eligibility.

Check Appropriate Block	Yes	No
Do you agree to publication of your telephone number on MARS rosters and newsletters which may be made available to the general MARS membership?		
Do you agree to abide by all Army MARS Rules, Regulations, Policies, and Directives?		
Do you certify that you are a citizen of the United States or an individual who has been lawfully admitted to the United States for permanent residence under Chapter 12, Title 8, of the United States Code?		
Signature of Applicant:	DATE:	
If Military Unit Station, Unit Commander Signature/Title:	DATE:	

**AUXILIARY APPLICANTS ONLY**

Briefly describe what particular skill(s) can you offer to support Army MARS?


**\*\*\*\*\*APPLICANT - DO NOT COMPLETE BELOW THIS LINE \*\*\*\*\***

**FOR STATE DIRECTOR USE ONLY**

	Yes	No
Are there active VHF training nets in your state?		
Can this applicant operate on state and region HF frequencies?		
Do you recommend Approval of this applicant? (If No, attach a letter describing your objections)		
State Director Signature:	Date:	
<i>When completed, forward to MARS Headquarters for processing</i>		

**FOR COMMAND USE ONLY**

<b>Area Coordinator</b>			
Recommend Approval: [ ] Yes [ ] No	Initials:	Date:	
<i>(If not recommended for approval, attach a letter of explanation.)</i>			
<b>CHIEF ARMY MARS (or) OCONUS COMMAND MARS DIRECTOR:</b>			
Recommend Approval: [ ] Yes [ ] No			
Signature:	Date:		
<b>MEMBERSHIP ADMINISTRATION :</b>			
Assigned MARS Call Sign:		Date Assigned:	
Expiration Date:		Initials:	

Distribution: 1 copy to State Director, 1 copy to MARS HQs

Mail to AAA4GA Jerry Lofstead  
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