



PUBLIC SERVICE ACTIVITY REPORT

About This Form

Amateur Radio donates thousands of person hours of supplementary public service communications in civil emergencies, official drills and events such as parades and marathons each year. Such events show Amateur Radio in its best light, and it is critically important that ARRL bring documentation of this public service work to the attention of the Congress, the FCC and other public officials. Your information below is an important addition to the record. Please complete and return this form to the Public Service Branch at ARRL Headquarters. Thank you.

1. Nature of activity (Check one).

Communications Emergency. Amateurs supplied communications required to replace or supplement normal communications means.

Alert. Amateurs were deployed for emergency communications, but emergency situation did not develop.

Special exercise. Amateurs supplied communications for a parade, race, etc.

Test or drill. A training activity in which amateurs participated.

2. Brief description of activity: _____

3. Places or areas involved: _____

4. Number of amateurs participating: _____

5. Event start date/time: _____ 6. Event end date/time: _____

7. Duration of event (hours): _____ 8. Total person-hours: _____

9. Number of repeaters used: _____

10. Estimated person-power cost:	\$ _____	(person-hours times \$10/hr)
11. Estimated cost of equipment used:	\$ _____	(hand-helds, repeaters, etc.)
12. Total estimated cost of service:	\$ _____	(add amounts from lines 10 and 11)

13. Nets and/or frequencies used (including repeater call signs):

14. Number of messages handled: _____

15. Names of agencies receiving communications support:

16. Please list call signs of amateurs who were major participants:

17. Other comments:

Please attach photos of amateurs in action, newspaper clippings or other data.

Name of Amateur Radio organization providing service:

Location of organization: City or town: _____ State: _____

Your name: _____ Call sign: _____

Address: _____

ARRL appointment, if any: _____ e-mail address: _____

Telephone: _____
(Days) (Evenings)

I attest that the information provided above is complete and true to the best of my knowledge.

Signature

Date