



Information & Communications Technology Authority

*PO Box 2502 GT
Grand Cayman
Cayman Islands*

RE: AMATEUR LICENSE APPLICATION FOR THE CAYMAN ISLANDS

Please find enclosed an application for amateur radio license for the Cayman Islands. The application should be completed and sent to the above address or sent by fax: (345) 945 8284

1. Copy of valid amateur license in country of origin.
2. Copy of picture ID, (passport or valid driver's license with picture).
3. Fee in the amount of US\$25.00 made payable to the ICT Authority. Payment may be sent in the form of a US Bank Draft, Money Order or Certified Cheque, drawn on a US Account. We also accept VISA and MASTER CARD. (Authorization form attached)
(We do not accept US Postal Money Orders.)
4. If you are importing equipment, an additional US\$12.20 is required for the Import Application.
5. If you have a preference for a specific call sign, please indicate this on your application and we will do our best to accommodate you. Your Cayman Islands Call Sign will begin with ZF2- _ _ .
(Please choose 2 letters)

If you have any further questions, please feel free to contact me.

Sincerely,

Kevin Washington
Licensing Analyst

Ph: 345 814 9612

Fax: 345 945 8284

Email: kevin.washington@icta.ky



APPLICATION FOR A NON-COMMONWEALTH CITIZEN PERMIT

Name: _____
Surname Forename

Telephone No. _____ **Fax No.** _____

Nationality: _____

Permanent Address: _____

Place of Birth: _____

Present Occupation: _____

Name of Employer: _____

Expected Date of Arrival: _____

Projected Date of Departure: _____

Address while in Cayman Islands: _____

Passport or Travel Document Number: _____

Place where Issued: _____ **Date of Issue:** _____

Date of Expiration: _____

Call Sign: ____ (ZF2---) select last two digits _____

Telephone No. (at the Christopher Columbus 345 945 4354): _____

Enclosed is a copy of my Current Home License:

Signature of Applicant

Date

CREDIT CARD AUTHORIZATION FORM

Please fill out the following information to allow authorization of a credit card transaction to The Authority.

I _____ duly authorize The ICT Authority
(please print)
to debit my credit card account as listed below.

REFERENCE: _____
(Radio license type & particulars; ie: call sign, vessel name)

VISA _____, Expiration date _____

MASTER CARD _____, Expiration date _____

AMOUNT AUTHORIZED US\$ _____

BILLING ADDRESS: _____

CONTACT NUMBERS: TEL: _____ FAX: _____

Signature of Card holder: _____