DXCC AWARD APPLICATION
(Required with Each New Submission and Endorsements)

I am applying for the following DXCC award(s)/ endorsements:

☐ **New Award(s)** _____

☐ **Endorsement(s)** _____

☐ **I have submitted an application via LoTW**

\# of QSL cards enclosed_____

\# of QSOs _____

You must mark those qsos on your cards for which you wish credit. Cards must be sorted according to the guidelines (See FAQs at: http://www.arrl.org/awards/dxcc/faq/)

Complete DXCC fees are shown at: www.arrl.org/awards/dxcc

- The use of a current DXCC application form is required
- Do not use this form for plaque or pin orders
- Return postage is required for the return of cards and all written requests
- DXCC accepts most credit cards. If you are not sure of the correct charges, you may use a credit card. This will allow us to charge the exact amount. You must clear previous balances (per your last credit slip) with this submission in order to avoid delays.
- **DXCC cannot bill you.**

"I affirm that I have observed all DXCC rules as well as all governmental regulations established for Amateur Radio in my country. I understand that ARRL is not responsible for cards handled by DXCC Card Checkers and will not honor any claims. I agree to be bound by the decisions of the ARRL Awards Committee and that all decisions of the ARRL Awards Committee are final."

Call Sign: _____

Ex Calls:_____

Name: _____
First   Last

Mailing Address:

_____

_____

_____
(City, State/Zip, Country)

↑ **This is where your cards, paperwork, & certificates will be shipped** ↑

____ Check here if this is a new address

Name as to Appear on Certificate:

_____
(Print name exactly as you want it to appear on certificate)

Telephone #: _____

Email Address : _____

Are you a Diamond Club Member: _____ Yes _____ No

Return My QSL Cards Via: *
___ Registered Mail (**Recommended**)   ___ Certified (US only)
___ First Class (US)   ___ First Class Int (Foreign)
___ Fedex
*   **If left blank, we will ship via Registered Mail at your expense**

_____
Applicant Signature (REQUIRED)   **Callsign**   **Date**   **ARRL Membership Expiration Date**

Send application forms, QSL cards, fees, and return postage to: DXCC Desk, ARRL HQ, 225 Main Street, Newington, CT 06111, U.S.A. For questions or clarifications, please write to the DXCC Desk at the above address, or via e-mail to **dxcc@arrl.org** To confirm the receipt of your application, go to this link: **www.arrl.org/awards/dxcc/appstatus.html**. The DXCC Desk can also be contacted as follows: Telephone: 860-594-0234, Fax: 860-594-0346 (24 hour direct line to ARRL HQ). For complete program information, please visit the DXCC web site at: **www.arrl.org/awards/dxcc**

_____

For ARRL DXCC Card Checker Use Only

I affirm that I have personally inspected the confirmations and verify that this application is accurate.

_____
Card Checker Signature   **Callsign**   **Date**

DXCC Card Checkers must forward the application and fees to HQ within 2 working days.
FIELD CHECKED APPLICATIONS MUST BE SUBMITTED ONLY BY CARD CHECKERS.
_____

Payment Details

_____ Check or Money Order Enclosed in the Amount of $_____; or

_____ Credit Card # _____ Expiration Date: _____

DXCC Record Sheet

_____

Your Call

Note: Cards may be submitted directly to ARRL or checked by a DXCC Card Checker. If cards are sent direct to ARRL, it is not necessary to fill out this form. This form *must* be completed if a Card Checker checks the application. In *either* case, the cards or listed credits must be sorted first by band then by mode. If you fill out the form, supply all information as requested. Be sure to use the Entity name, not just the prefix. Cards indicating multiple contacts must be placed together. If cards with multiple credits are submitted direct to ARRL, a notation must be made on each card indicating which credits are to be entered. If no indication is made on a card, all credits will be entered into your record.

	CALL	QSO DATE (DD| MM |YY)		BAND	MODE	ENTITY
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25		|	|			

This side of form may be photocopied if more pages are needed.