

Information and Instructions

**Instructions for Schedule for Additional Data
in the Amateur Radio Service**

Form FCC 605, Schedule D, is a supplementary schedule for use with the FCC Quick-Form Application for Authorization in the Ship, Aircraft, Amateur, Restricted and Commercial Operator, and the General Mobile Radio Services, FCC 605 Main Form. This schedule is used to apply for the required license authorization in the Amateur Radio Service. Part 1 of this schedule is used to apply for a call sign change or to apply for a vanity call sign. Part 2 of this schedule is the Physician's Certification of Disability. The FCC 605 Main Form must be filed in conjunction with Part 1 and/or Part 2 of this schedule.

**Schedule D
Instructions**

►Part 1: Amateur Station Call Sign Change and Vanity Call Sign Request Information

Item 1 If this is a request to change a station call sign systematically, enter 'Y'. Otherwise, enter 'N'.

Item 2 If this is a request to apply for a vanity call sign, place an 'X' in the appropriate box and enter the additional information requested.

Item 3 Preference List: Give the exact prefix, numeral and suffix of each call sign that you wish to include in your preference list for vanity call sign assignment. NOTE: If none of the call signs that you request are assignable, you will retain your existing call sign.

►Part 2: Physician's Certification of Disability

- A) If you have passed the 5 words per minute telegraphy examination, but you are unable to pass the 13 or 20 words per minute examination because of a severe handicap that will extend for more than 365 days, the administering VEs will give you credit for passing the 20 words per minute examination if you obtain a Physician's Certification of Disability. You should, however, first attempt to pass the examination under the special accommodative procedures the VEs use for handicapped examinees.
- B) Detailed instructions:
- 1) Present your physician with your complete FCC Form 605 Schedule D Part 2 Notice to Physician Certifying to a Disability.
 - 2) Provide the physician with the names and addresses of your administering VEs and other amateur operators in your community who can provide more information on this matter.
 - 3) Ask your physician to complete and sign the Physician's Certification of Disability located in Part 2 of this FCC 605 Schedule D.
 - 4) Sign and date the Patient's Release in Part 2 of this schedule.
 - 5) Return complete Physician's Certification of Disability to your administering VE.

Part 1: AMATEUR STATION CALL SIGN CHANGE AND VANITY CALL SIGN REQUEST

Systematic Call Sign Change

1) Is this a request to change a station call sign systematically?	() <u>Yes</u> <u>No</u>
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Vanity Call Sign Change

2) I hereby apply for a vanity call sign under the following eligibility: (make an 'X' in the appropriate box and enter the required information):	
A)	FORMER PRIMARY STATION HOLDER: I request call sign _____ be shown on my primary station license. This call sign was previously shown on my primary station license.
B)	CLOSE RELATIVE OF FORMER HOLDER: I request call sign _____ be shown on my primary station license. This call sign was previously shown on the primary station license of my deceased spouse, child, grandchild, stepchild, parent, grandparent, stepparent, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew, or in-law. Enter the deceased relationship to you: _____.
C)	FORMER CLUB STATION HOLDER: I request call sign _____ be shown on the license for the club station, for which I am the license trustee. This call sign was previously shown on the license for this club station.
D)	CLUB STATION WITH CONSENT OF CLOSE RELATIVE OF FORMER HOLDER: I request call sign _____ be shown on the license for the club station, for which I am the license trustee. This call sign was previously shown on the primary station license of a person now deceased. I am acting with written consent of the deceased person's spouse, child, grandchild, stepchild, parent, grandparent, stepparent, brother, sister, stepbrother, stepsister, aunt, uncle, niece, nephew, or in-law. Enter the deceased relationship to the person giving consent _____.
E)	PRIMARY STATION PREFERENCE LIST: I request the first assignable call sign from my preference list in item #3 be shown on the license for my primary station.
F)	CLUB STATION PREFERENCE LIST: I request the first assignable call sign from my preference list in item #3 be shown on the license for the club station, for which I am the license trustee.

Vanity Call Sign PREFERENCE LIST

3) Select your preference list of vanity call signs very carefully. Give exact prefix, numeral, and suffix for each call sign.				
1)	6)	11)	16)	21)
2)	7)	12)	17)	22)
3)	8)	13)	18)	23)
4)	9)	14)	19)	24)
5)	10)	15)	20)	25)

Note: If none of the call signs you selected are assignable, you will retain your existing call sign.

Part 2: Physician's Certification of Disability

TO BE COMPLETED BY PHYSICIAN			
<p style="text-align: center;">PHYSICIAN'S CERTIFICATION OF DISABILITY</p> <p style="text-align: center;">Please see notice below</p>	Print, type, or stamp physician's name:		
	Street address:		
	City, State, ZIP code:		
	Office telephone number:		
<p>I CERTIFY THAT I have read the Notice to Physician Certifying to a Disability, and that the person applying for the license is severely handicapped, the duration of which will extend for more than 365 days beyond this date. Because of this severe handicap, this person is unable to pass a 13 or 20 words per minute telegraphy examination. I am licensed to practice in the United States or its Territories as a doctor of medicine (M.D.) or doctor of osteopathy (D.O.). I have considered the accommodations that could be made for this person's disability and have determined that, even with accommodations, this person would be unable to pass a 13 or 20 words per minute telegraphy examination.</p> <p>WILLFUL FALSE STATEMENT IS PUNISHABLE BY FINE AND IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001)</p>			
PATIENT'S RELEASE	_____ PHYSICIAN'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP)	_____ M.D. or D.O.	_____ DATE SIGNED
<p>Authorization is hereby given to the physician named above, who participated in my care, to release to the Federal Communications Commission any medical information deemed necessary to process my application for an amateur operator/ primary station license.</p>			
	_____ APPLICANT'S SIGNATURE (DO NOT PRINT, TYPE, OR STAMP)	_____ DATE SIGNED	

NOTICE TO PHYSICIAN CERTIFYING TO A DISABILITY

You are being asked by a person who has already passed a 5 words per minute telegraphy examination to certify that, because of a severe handicap, he/she is unable to pass a 13 or 20 words per minute telegraphy examination. If you sign the certification, the person will be exempt from the examination. Before you sign the certification, please consider the following:

THE REASON FOR THE EXAMINATION - Telegraphy is a method of electrical communication that the Amateur Radio Service community strongly desires to preserve. We support their objective by authorizing additional operating privileges to amateur operators who increase their skill to 13 and 20 words per minute. Normally, to attain these levels of skill, intense practice is required. Annually, thousands of amateur operators prove by passing examinations that they have acquired the skill. These examinations are prepared and administered by amateur operators in the local community who volunteer their time and effort.

THE EXAMINATION PROCEDURE - The volunteer examiners (VEs) send a short message in the Morse code. The examinee must decipher a series of audible dots and dashes into 43 different alphabetic, numeric and punctuation characters used in the message. To pass, the examinee must correctly answer questions about the content of the message. Usually, a fill-in-the-blanks format is used. With your certification, they will give the person credit for passing the examination, even though they do not administer it.

MUST A PERSON WITH A HANDICAP SEEK EXEMPTION?
No handicapped person is required to request exemption from the higher speed telegraphy examinations, nor is anyone denied the opportunity to take the examinations because of a handicap. There is available to all otherwise qualified persons, handicapped or not, the Technician Class operator license that does not require passing a telegraphy examination. Because of international regulations, however, any handicapped applicant requesting exemption from the 13 or 20 words per minute examination must have passed the 5 words per minute examination.

ACCOMMODATING A HANDICAPPED PERSON - Many handicapped persons accept and benefit from the personal challenge of passing the examination in spite of their hardships. For handicapped persons without an exemption who have difficulty in proving that they can decipher messages sent in the Morse code, the VEs make exceptionally accommodative arrangements. They will adjust the tone in frequency and volume to suit the examinee. They will administer the examination at a place convenient and comfortable to the examinee, even at bedside. For a deaf person, they will send the dots and dashes to a vibrating surface or flashing light. They will write the examinee's dictation. Where warranted, they will pause in sending the message after each sentence, each phrase, each word, or each character to allow the examinee additional time to absorb and interpret what was sent. They will even allow the examinee to send the message, rather than receive it.

YOUR DECISION - The VEs rely upon you to make the necessary medical determination for them using your professional judgement. You are being asked to decide if the person's handicap is so severe that he/she cannot pass the examination even when the VEs employ their accommodative procedures. The impairment, moreover, will last more than one year. This procedure is not intended to exempt a person who simply wants to avoid expending the effort necessary to acquire greater skill in telegraphy. The person requesting that you sign the certification will give you names and addresses of VEs and other amateur operators in your community who can provide you with more information on this matter.

DETAILED INSTRUCTIONS - If you decide to execute the certification, you should complete and sign the Physician's Certification of Disability on the person's FCC Form 605 Schedule D Part 2. You must be an M.D. or D.O. licensed to practice in the United States or its Territories. The person must sign a release permitting disclosure to the FCC of the medical information pertaining to the disability.