

FIRE BELT Award APPLICATION FORM

(PLEASE PRINT)

NAME _____

CALL _____

ADDRESS _____

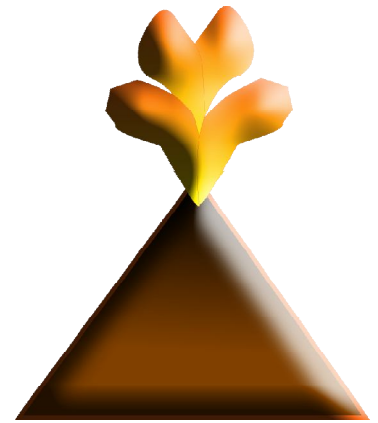
CITY _____

ZIP _____

COUNTRY _____

STATE _____

- Claimed on this list _____
- Previous Total _____
- QSL's verified by _____
- N° of States contacted _____



N°.	CALL	DATE	UTC	State / Island
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15*				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25**				
26				

27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40***				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50****				

* Obbligatori

** Sticker color Argento

*** Sticker color Oro

**** Honor Roll

Date

Signature

Note: