



CQ WPX Award Application

Office Use
Cert. No.
Date Issue
Pix Credit

Name _____ Call _____
(Please Print)

Address _____

City _____ State _____ Zip _____ Country _____

Certificate Application

MIXED 400 2XSSB 300 CW 300 HONOR ROLL

Endorsement applies toward WPX (circle one) MIXED, CW, 2XSSB, HONOR ROLL

Prefix Endorsement Application, Circle One

350 400 450 500 550 600 650

700 750 800 850 900 950 1000

Above 1000 _____

Previous Total _____

Band Endorsement Application, Check One

160 meters50 20 meters.....300

80 meters175 15 meters.....300

40 meters250 10 meters.....300

Continental Endorsements, Check One

North America ...160 Africa90

South America95 Asia.....75

Europe160 Oceania60

Instructions

1. All call letters (entire call) must be in strict alphabetical order.
2. Use separate application for each endorsement.
3. For additional WPX credit, list only additional calls.
4. For "Band" or "Continent" endorsements, list all calls.
5. Fees: Subscribers to CQ magazine \$6.00 (subscribers must include a recent CQ mailing label or a photocopy of it) and \$12.00 for non-subscribers, or the equivalent in IRCs at \$.50 each. For endorsement stickers a self-addressed stamped envelope or proper IRCs for airmail or surface return is required, and \$1.00 or 2 IRCs for each endorsement sticker. Endorsements for the Honor Roll may be made for 25 or more prefixes; a \$1.00 endorsement fee (or 2 IRCs) plus an SASE or IRC is to be included.

I certify that I have in my possession a confirmation indicating date, band, and type of emission for each of my claimed contacts and will make them available to the CQ WPX Award Manager upon demand at any time. I understand that this application may be rejected if I fail to submit requested confirmations within one month of receipt of request (except for remote countries where postal service is slow), or if the WPX Manager has any doubt about the authenticity of the submitted verifications. I also agree to abide by the decisions of the CQ DX Advisory Committee.

Signed: _____

Date: _____

Send Application To:
CQ WPX AWARD MANAGER
Norm Koch, KN5N
P.O. Box 593
Clovis, NM 88101-9511

1	51	101	151	201	251	301	351	401	451
10	60	110	160	210	260	310	360	410	460
20	70	120	170	220	270	320	370	420	470
30	80	130	180	230	280	330	380	430	480
40	90	140	190	240	290	340	380	440	490
550	100	150	200	250	300	350	400	450	500