

APPLICATION FOR A LOANER RADIO

APPLICANT INFORMATION

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Cell Phone: _____

Sex: M ___ F ___ Ethnicity: White ___ Black ___ Hispanic ___ Other ___

Year of Birth: _____

How did you hear about us? _____

I agree to return my loaner radio when I no longer have use for it or if I move from the broadcast area.

ALTERNATE CONTACT: (friend, relative or neighbor at a different phone number)

Name: _____ Relationship: _____

Phone: _____ E-Mail: _____

CERTIFICATION BY PROFESSIONAL (required):

Name: _____ Phone: _____

Organization: _____ E-Mail: _____

Address: _____

City, State, Zip: _____

The applicant is unable to read standard print due to the following reason:

macular degeneration ___ diabetic retinopathy ___ trauma/accident ___ stroke ___
glaucoma ___ retina pigmentosa ___ dyslexia ___ other, please specify _____

Signature of Certifier

Certifier Credential: MD ___ ophthalmologist ___ optometrist ___
occupational therapist ___ social or rehab worker ___ teacher ___ counselor ___
other, please specify _____

Internal Use: _____
Radio # _____
Date Mailed: _____
Amplified Antenna: Yes: ___ No: ___
Database entry: _____