

DXCC Record Sheet

Page ____ of ____

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 |
|----|------|----------------------------|------|------|--------|
| 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 | | | | | |

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