

### CECA PERCS RADIOGRAM

NUMBER	PRECEDENCE	HX	STATION OF ORIGIN	CHECK	PLACE OF ORIGIN	TIME FILED	DATE FILED
	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> PRIORITY <input type="checkbox"/> ROUTINE <input type="checkbox"/> WELFARE <small>OPERATIONS TO COMPLETE</small>						

To: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL: VA7 \_\_\_\_\_

**CIRCLE NOT MORE THAN TWO STANDARD TEXTS**

- ARL ONE            Everyone safe here. Please don't worry.
- ARL TWO           Coming home as soon as possible.
- ARL THREE        Am in \_\_\_\_\_ Hospital.  
Receiving excellent care and recovering fine.
- ARL FOUR         Only slight property damage. Do Not be concerned about disaster reports.
- ARL FIVE         Am moving to new location. Send no further mail or communications. Will inform you  
of new address when relocated.
- ARL SIX            Will contact you as soon as possible.
- ARL SIXTY FOUR   Arrived safely at \_\_\_\_\_.

Print your Name \_\_\_\_\_ Signature \_\_\_\_\_

	1	2	3	4	5
1					
2					

SENT	Sent to	Time Local	Date Local
	Operator	Freq (MHz)	Method