

2019 TCR EUROPE Series

Radio Equipment INFO for Promoter use only

Team Name:	Race :
Represented by:	
Address:	
	Country :
Tel No.:	Fax No.:
Competition License No.:	Issued by:

Brand name	Model	No. of Units	Serial No. (s)	Operating frequency (MHz)	Power Output (Watts)	Type *

(Please return this form by email to francesco@tcr-europe.com)

Signature _____

Date _____

* The type of radio, such as repeater, base, mobile, portable, etc.

BY FILLING THIS FORM TEAM IS NOT REQUESTING ANY AUTHORIZATION TO ANY ENTITY, IT'S JUST FOR TCR EUROPE PROMOTER INFO ONLY