

APPLICATION FOR RADIO RECEIVER

FOR OFFICE USE ONLY:

Date Received:
Radio ID Number:
Delivery Date:
Delivered By:



Return completed form to:

Owl Radio
1250 NE Loop 410, Suite 525
San Antonio, TX 78209-1549

Questions? Call (210) 829-4223

APPLICANT INFORMATION:

DATE: ___/___/___ NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ E-MAIL: _____

DATE OF BIRTH: ___/___/___ SEX: Male Female

ETHNICITY: White Black Hispanic American Indian Asian Other

MEMBER OF THE LOW VISION CLUB: Yes No Would Like Information

NEAREST RELATIVE OR FRIEND:

NAME: _____ RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ E-MAIL: _____

DONATION: Check here if a donation is enclosed. A donation of \$25.00 or more is appreciated, but not required, to help pay for this service. Checks or money orders should be made payable to Low Vision Resource Center.

RECIPIENT AGREEMENT:

I am applying for a special radio receiver from the Low Vision Resource Center. I agree to return the radio receiver when I no longer have use for it or if I move out of the broadcast area.

SIGNATURE: _____ DATE: ___/___/___

CERTIFICATION OF STATUS FOR OWL RADIO RECEIVER

A copy of a letter from your doctor certifying that you are legally blind will satisfy this certification requirement. Otherwise, please send this completed certification form along with your application to:

Owl Radio
1250 NE Loop 410, Suite 525
San Antonio, TX 78209-1549

CERTIFICATION:

I certify that _____ is unable to read standard size print
due to the following visual, physical and/or perceptual reason _____

SIGNATURE: _____ DATE: ____/____/____

PROFESSIONAL MAKING CERTIFICATION:

NAME: _____ TELEPHONE: () _____

MD Psychologist Ophthalmologist Optometrist Counselor
 Teacher Rehab Worker Other Title: _____

COMPANY/ORGANIZATION: _____

I HEARD ABOUT OWL RADIO FROM:

Texas Department of Assistive and Rehabilitative Services Prevent Blindness
 Veterans Administration San Antonio Lighthouse Postcard
 Other: _____