

APPLICATION FOR  
 WORKED ALL CALIFORNIA COUNTIES AWARD(WACC)  
 SPONSORED BY  
 NORTHERN CALIFORNIA CONTEST CLUB(NCCC)

COUNTY	STATION	BAND/MODE	COUNTY	STATION	BAND/MODE
Alameda	_____	_____	Orange	_____	_____
Alpine	_____	_____	Placer	_____	_____
Amador	_____	_____	Plumas	_____	_____
Butte	_____	_____	Riverside	_____	_____
Calaveras	_____	_____	Sacramento	_____	_____
Colusa	_____	_____	San Benito	_____	_____
Contra Costa	_____	_____	San Bernardino	_____	_____
Del Norte	_____	_____	San Diego	_____	_____
El Dorado	_____	_____	San Francisco	_____	_____
Fresno	_____	_____	San Joaquin	_____	_____
Glenn	_____	_____	San Luis Obispo	_____	_____
Humboldt	_____	_____	San Mateo	_____	_____
Imperial	_____	_____	Santa Barbara	_____	_____
Inyo	_____	_____	Santa Clara	_____	_____
Kern	_____	_____	Santa Cruz	_____	_____
Kings	_____	_____	Shasta	_____	_____
Lake	_____	_____	Sierra	_____	_____
Lassen	_____	_____	Siskiyou	_____	_____
Los Angeles	_____	_____	Solano	_____	_____
Madera	_____	_____	Sonoma	_____	_____
Marin	_____	_____	Stanislaus	_____	_____
Mariposa	_____	_____	Sutter	_____	_____
Mendocino	_____	_____	Tehama	_____	_____
Merced	_____	_____	Trinity	_____	_____
Modoc	_____	_____	Tulare	_____	_____
Mono	_____	_____	Tuolumne	_____	_____
Monterey	_____	_____	Ventura	_____	_____
Napa	_____	_____	Yolo	_____	_____
Nevada	_____	_____	Yuba	_____	_____

WACC RULES

1. Contacts may be made on any amateur radio band or mode(no repeater/digipeater contacts).
2. A confirmation must be presented for each of the 58 counties.
3. Each confirmation must have the county indicated, printed or written.
4. All contacts must be made from the same country.
5. Portable and mobile units may be worked.
6. The award is endorseable by band and mode.
7. You do not have to be a member of the NCCC.
8. Your confirmations will be returned with the WACC Award.
9. Send your application and 58 confirmations and \$3.00 or 10 IRC's (to cover expenses) to:

NCCC WACC Award  
 c/o Fred Jensen, K6DGW  
 670 Old Airport Road  
 Auburn  
 CA 95603

CALL: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Endorsement(s) Requested: \_\_\_\_\_

OPTIONAL: Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

(do not write below this line) \_\_\_\_\_

OFFICIAL USE ONLY: Certificate # \_\_\_\_\_ Date \_\_\_\_\_



