

2019 Net Manager SET Report (FORM B)



Please fill out this report in triplicate (one copy to ARRL Headquarters, one copy to your STM, one copy for your files). **Deadline for reporting is December 15th, 2019.**
Thank you.

ARRL Section: CT

Net Name:

Coverage Area:

**Net Manager's Call
sign:
E-mail address:**

Date of SET activity:

Is the net associated with ARES?	
Is the net associated with RACES?	
Is the net part of the National Traffic System?	
Liaison was maintained with which NTS nets?	
Traffic totals:	Emergency ____ Priority ____ Welfare ____ Routine ____ ICS- 213 ____ TOTAL ____
Total time of operation:	__ Hours __ Minutes

Computation of score			Points
a	TOTAL number of messages handled	X 1	
b	Number of different stations participating	X 2	
c	Number of different stations checking-in on emergency power	X 2	
d	Number of new amateurs (licensed since 2015) participating	X 3	
e	Number of different net control stations	X 5	
f	Number of different stations performing NTS liaison (including stations who liaise <i>from</i> local nets to higher nets)	X 5	
TOTAL NUMBER OF POINTS FOR NET SET OPERATION			

