



**The American Radio Relay League
HYBRID RADIOGRAM / HICS-213
Via Amateur Radio**



Number	Precedence	HX HXI	Station of Origin	Check	Place of Origin	Time Filed	Date
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To: _____ This Radio Message was received at: _____
 Amateur Station: _____ Date: _____
 Name: _____
 Street Address: _____
 City, State, Zip: _____

Telephone Number: _____
Email: _____

BT *Form Type: HICS213 Reply Reference: (written as yyymmddttt) Local*

1. Incident Name _____ Word Count Field 1

2. To PRINT NAME _____ POSITION _____ Word Count Field 2

3. From PRINT NAME _____ POSITION _____ Word Count Field 3

4. Subject _____ **5. Date** _____ **6. Time** _____ Word Count Fields 4-5-6

7. Priority URGENT - HIGH NON URGENT - MEDIUM INFORMATIONAL - LOW Word Count Field 7

8. Message _____ **8A Response Required** _____ Word Count Field 8a

	5
	10
	15
	20
	25
	Word Count Field 8
	30

9. Approved by PRINT NAME: _____ SIGNATURE _____ Word Count Field 9

10. Reply / Action Taken _____

	5
	10
	15
	Word Count Field 10
	20

11. Replied by PRINT NAME: _____ SIGNATURE: _____
 POSITION: _____ FACILITY: _____
 DATE/TIME: _____ Word Count Field 11

BT From: _____ Date: _____ Total Word Count of All Fields