

Radiogram & RRI Forms

- Radiogram.txt
- RRI ICS213 Radiogram.txt
- RRI Quick Welfare Message.txt
- RRI Welfare Radiogram.txt

Amateur Radio RADIOGRAM Text Creator [Read Help and Instructions!](#)

Number 11 ☐ SVC (Handler use)	Precedence ☐ EMERGENCY ☐ C ☐ P Emergency not in use at this time.	Handling Instructions ☐ HXA ☐ HXB HX Help ADD MORE HX INFO	Station Of Origin K5KYR Change if not you.	Check 0	Place of Origin ex. OWLS HEAD ME	Time Optional	Date JUN
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- ☐ Current UTC Time
☐ Current Local Time
☒ No Time

TO:

Name: Call Sign:
 Address:
 City / Town: State or Province: [2 Letter Codes](#) Zip:
 Country:
 Phone: Extension: E-mail:
 Op Note about this Radiogram:

MESSAGE TEXT Check: [Numbered Message Help](#)

SUGGESTION IS NO MORE THAN 25 GROUPS (WORDS)

Word Grouping: ☒ YES - Enforce 5 groups per line limit (standard) ☐ NO - Remove limit. Check for "Request for Information Strips only"

[Click here to preview for accuracy BEFORE you SUBMIT](#)

Signature (name) of person for whom message originated:

Operator Note:

>>> [NOW CLICK HERE and select a Liaison Station](#) <<<

Contact KB1TCE about this form: Ver 11.3

RRI Radiogram ICS-213

[Read Help and Instructions!](#)

Number 12 ☐ SVC	Precedence R EMERGENCY C Precedence R can be used at this time	Handling Instructions NONE HXC	Station Of Origin K5KYR Overwrite if different.	Check 0	Place of Origin	Time 2357Z ☒ UTC Time ☐ Local Time ☐ No Time	Date JUN 3
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To (Name): FIRST AND LAST NAME MINIMUM Position (Title & Agency):

Address: OPTIONAL

City / Town: VERIFY YOUR SPELLING State or Province: ST Zip: USA/CAN

Phone: 555 444 6789 Extension: NUMBERS E-mail: EMAIL IF KNOWN

From (Name): FIRST AND LAST NAME MINIMUM Position (Title & Agency):

Sender's preferred Contact information:

Subject: (optional) OPTIONAL Date/Time originated: e.g. YYYYMMDDTTTTZ

Message Text Check: 0

SUGGESTION IS NO MORE THAN 25 GROUPS (WORDS)

Message Routing (Received from call sign / DTG):

RX FROM CALL SIGN / DTG

Message Routing (Transmitted to call sign / DTG):

TX TO CALL SIGN / DTG

Word Grouping: ☒ YES - Enforce 5 groups per line limit (standard) ☐ NO - Remove limit. Check for "Request for Information Strips only"

[Click here to preview for accuracy BEFORE you SUBMIT](#)

[Click to select a Liaison Station to send RRI-213 to:](#) You may enter any address here

Submit

Reset Form

Contact KB1TCE with questions Ver .4.7

This form is used to send information or a status report to family members or friends.

>> NO REPLY is expected, nor can one be processed. The requester needs to be informed this is a ONE WAY outbound message. <<

[Operator Info - Read Please](#)

[Load Quick Welfare Data](#)

From First Name First name of sending party. **Last Name:** Last name of sending party. **Date** Click for Date

To Email: Email address.

Add a Cell phone number: Enter 10 digits

When you enter a phone number, your message will be limited in characters.

Message Character count: 0 of 500 [Click here to insert short prepared messages](#)

Max length is 500 characters

[Submit](#)

[Save Quick Welfare Data](#)

[Reset Form](#)

*The message is formatted as plain text in the body of the sent email, and easy to read by the recipient (s).
For questions, comments or suggestions about this form contact KB1TCE via Winlink.*

RRI Amateur Radio Welfare Radiogram Text Creator

[Read Help and Instructions!](#)

[Load Welfare Radiogram Data.](#)

Number 1	Precedence TEST W	Handling Instructions NONE	Station Of Origin K5KYR Change if not you.	Check 0	Place of Origin ex: SEATTLE WA Location where this message was created	Time Optional UTC default unless otherwise noted	Da AUG
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TO:

Name: FIRST AND LAST NAME MINIMUM

Address: OPTIONAL

City / Town: VERIFY YOUR SPELLING

State or Province: ST

[2 Letter Codes](#)

Zip: 00000 IF UNKNOWN

Country: OPTIONAL

Phone: 555 555 5555

Extension: #s ONLY

E-mail: NEED EMAIL, PHONE, OR BOTH TO ENSURE DELIVERY.

Op Note for Message Delivery: BRIEF DETAILS ABOUT EMAIL PHONE OR SMS TEXT DELIVERY

MESSAGE TEXT Check: 0

[Click here to insert short prepared messages.](#)

SUGGESTION IS NO MORE THAN 25 GROUPS (WORDS)

[Click here to preview for accuracy BEFORE you SUBMIT](#)

Signature (name) of person for whom message originated: PERSON WHO ORIGINATED THIS MESSAGE

>>> [NOW CLICK HERE and select a Liaison Station](#) <<< YOU MAY ENTER ANY ADDRESS HERE

[Submit](#)

[Save Welfare Radiogram Data](#)

[Reset Form](#)

Contact KB1TCE about this form: Ver 2.7