

RADIO AMATEUR CIVIL EMERGENCY SERVICE (RACES) AMATEUR RADIO EMERGENCY SERVICES (ARES) REGISTRATION FORM

The privacy act of 1974, authority: Title 10, USC 3012. The information requested on this form is used to register you as a RACES operator. This information will be used by Cochise County Officials to conduct background checks and to publish "official-use-only" rosters of amateur radio operators registered with RACES. Disclosure is voluntary, however, without it, registration cannot be completed.

Please print or type all information

| | Registration: | NEW RI | ENEWAL | | |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------|------------------------|---------------------|--------|
| Name: | e: Amateur Call Sign: | | | | |
| Mailing Address: | | | | | |
| Physical Address: | | | | | |
| | Work: | | | | |
| Personal Data: Sex (M/F) DOB (| MM/DD/YR) | Height (FT/IN) | Weight Hair Co | lor Eye Color | r |
| SSN Drivers. L | icense # Expira | tion | Amat. Lic. Clas | ss FCC Expiration | n Date |
| Email: | | | | | |
| Emergency Notification Contact: | | | | | |
| Name: | Street Ac | ldress: | | | |
| City: | State: | | Zip: | | |
| Home Phone Number: | Worl | k/Cell Phone N | lumber: | | |
| Fixed Station Capabilities: HF: | Yes No | VHF: Yes | s No | UHF: Yes | _ No |
| Emergency Power: Yes | No | Digital: Yes | No | | |
| Mobile/Portable Equipment: HF: Yes No VHI | F: Yes No _ | UHF: Y | Yes No: | | |
| hereby request membership with to or use of the above information to have not been convicted of a felony | State and Local aut | horities as need | ded. I certify that I | am a citizen of the | |
| Signed: | | | Date: | | |
| APPROVALS: | | | | | |
| County RACES Coordinator | Date: | Cour | nty Emergency Services | s Coordinator | Date |
| Background Completed/_ | / by: | | | | |
| CARD NO: Date | Issued: | | Date F | xnires: | |