



RADIO AMATEUR CIVIL EMERGENCY SERVICE (RACES) 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 ___ RENEWAL ___

Name: _____ Amateur Call Sign: _____

Mailing Address: _____

Physical Address: _____

Telephone: Home: _____ Work: _____ Cell/Pager: _____

Personal Data: _____
Sex (M/F) DOB (MM/DD/YR) Height (FT/IN) Weight _____ Hair Color _____ Eye Color _____

SSN Drivers. License # Expiration Amat. Lic. Class FCC Expiration Date

Email: _____

Emergency Notification Point of Contact:

Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work/Cell Phone Number: _____

Fixed Station Capabilities: HF: Yes ___ No ___ VHF: Yes ___ No ___ UHF: Yes ___ No ___

Emergency Power: Yes ___ No ___ Digital: Yes ___ No ___

Mobile/Portable Equipment:

HF: Yes ___ No ___ VHF: Yes ___ No ___ UHF: Yes ___ No: _____

I hereby request membership with the Cochise County Radio Amateur Radio Civil Emergency Service and grant permission for use of the above information to State and Local authorities as needed. I certify that I am a citizen of the United States and have not been convicted of a felony.

Signed: _____ Date: _____

APPROVALS:

County RACES Coordinator Date: _____ County Emergency Services Coordinator Date _____

Background Completed ____/____/____ by: _____

CARD NO: _____ Date Issued: _____ Date Expires: _____