



Jefferson County

Robert W. Hamlin, Program Manager

Department of Emergency Management

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 (360) 385-3831, Extension 529 - jcdem@co.jefferson.wa.us

JEFFERSON COUNTY R.A.C.E.S. APPLICATION

NAME		DATE OF BIRTH	
ADDRESS			
HOME PHONE		OTHER PHONE	
CALL SIGN		LICENSE CLASS	
EMPLOYER		RETIRED? <i>Yes</i>	
PLEASE LIST AVAILABLE OWNED FIXED AND MOBILE EQUIPMENT (include bands, mode, antennas, and emergency power capability) - USE OTHER SIDE IF NEEDED			

I hereby apply for certification with the Jefferson County **Radio Amateur Emergency Services (RACES)** program. If accepted into the program, I will serve to the best of my ability as requested by duly constituted authority and abide by the State of Washington RACES Plan. I possess a current and valid Amateur Radio License which has never been suspended or revoked. I certify that I have never been convicted of a felony, am a citizen of the United States, am physically and mentally able to perform the duties of the position applied for.

SIGNATURE		DATE	
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For Department Use Only			
CERTIFIED BY		DATE	
EMERGENCY WORKER ID		Emergency Worker application on file and card issued per WAC 118-04	ISSUED