

Sussex County, Delaware
Radio Amateur Civil Emergency Service (RACES)
Application for Registration
(Rev.10-06-2010)

Date Filed: _____
(OFFICE USE ONLY)

Call Sign _____ License Class _____ Expiration Date _____

Last Name _____ Suffix _____ First Name _____ M.I. _____

Mailing Address _____

City/Town _____ State ____ ZIP _____ + _____

911 Address Number & Street _____

City/Town & State _____

Home Phone (____) _____ Cell Phone (____) _____

Other (____) _____ (Identify)

E-mail (pri) _____ (sec) _____

Employer _____ Position/Dept. _____

Address _____

City/ Town _____ State ____ ZIP _____ + _____

Work Phone (____) _____ Can you be contacted here? (____) Yes or (____) No

ARRL Member? (____) Yes (____) No ARES (____) Yes (____) No Position _____

MARS Member? Call Sign _____ Position _____

Emergency Contact Person:

Name _____ Relation _____

Phone 1 (____) _____ Phone 2 (____) _____

Courses and Certifications (ARRL, Red Cross, FEMA etc.)

Unique or Special Skills _____

Profession / Career _____

Hobbies and interests besides Ham Radio: _____

Does your home station have emergency power? () Yes () No

If yes, does the residence have emergency power? () Yes () No

Do you have internet access in your station? () Yes () No

Home station operational on:

() HF SSB () HF CW () HF Digital () HF RTTY

() VHF FM () VHF SSB () VHF Digital Antenna Height _____

() UHF FM () UHF SSB () UHF Digital Antenna Height _____

Mobile Operational on:

() HF Bands _____ Modes _____

() VHF Bands _____ Modes _____

() UHF Bands _____ Modes _____

() Four Wheel Drive

Do you have equipment for portable operation? () Yes () No

Describe _____

Signature _____ Date _____