

Sussex County, Delaware
Radio Amateur Civil Emergency Service (RACES)
Application for Registration

Callsign _____ License Class _____ Expiration Date _____

Last Name _____ First Name _____ MI _____

Address _____

City/Town _____ ZIP _____ + _____ State _____

Phone (_____) _____ Cell (_____) _____

Other (_____) _____ (Identify)

E-mail (primary) _____ (secondary) _____

Employer _____ Address _____

Work Phone (_____) _____

ARES () Yes () No Where _____

MARS Callsign _____

Courses and Certifications (ARRL, Red Cross, FEMA)
