

COUNTY OF SAGINAW OFFICE OF EMERGENCY SERVICES
RADIO AMATEUR CIVIL EMERGENCY SERVICE (RACES)
APPLICATION FORM

NOTE Carefully answer all questions. Type or print in black ink.

1. Name
(Last) (First) (Middle)
2. Address
(No. & Street) (City & State) (Zip Code)
3. Telephone: Home Cell or Other
4. Call Sign Amateur license date of issuance/expiration:
5. Email Address:
6. Date of Birth
7. Are you a citizen of the United States?
8. Have you ever been convicted of a felony?
If so when, where, and the nature of the offense.
9. Are there any felony charges pending against you?
10. Emergency Contact:
11. Relation:
12. Emergency Contact Phone:
13. Do you hold any Special Licenses/Certifications? RN EMT CDL CPL CPR
14. If CPL (Concealed Pistol License), CPL#:
15. **Copies of Certificates Attached:** (*Required) IS-22* IS-100* IS-200 IS-300
IS-400 IS-700* IS-800 Other

I certify that I can and will, upon request, substantiate all statements made by me on this application; that such statements are true and correct to the best of my knowledge and belief. I also understand that a false statement or dishonest answer to any question may be grounds for cancellation of my application, removal from the eligible list, or my dismissal after appointment.

Date: _____ Signature: _____

EM Use Only

Application: Approved

Denied

Saginaw County Emergency Management

Date