

**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-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

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Saginaw County Emergency Management

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Date