



MONTGOMERY COUNTY EMERGENCY MANAGEMENT R.A.C.E.S. APPLICATION

Attach a current copy of your amateur radio license and forward the completed application to your RACES Radio Officer, or to the Montgomery County Office of Emergency Management.

Please circle one: **New Application** **Renewal** **Update** **Other**

(If other, please explain) _____

Name: _____ Date of Birth: _____ DL #: _____

Address: _____ City: _____ County: _____ Zip: _____

Phone - Home: (____) _____ Work (____) _____ Cell (____) _____

Email Address _____ Pager (____) _____

Retired? _____ Employer: _____ Position: _____

Employer's Address _____ City: _____ Zip: _____

Call sign: _____ License Class: _____ Expires: _____

Other Amateur Radio Organizations presently active in: _____

List fixed and mobile equipment [be sure to include bands, mode (voice, CW, or data), antennas, and emergency power capability] (Use back if needed): _____

I hereby apply for certification with the Montgomery County 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 County RACES Plan and SOP. I understand the minimum participation and the training requirement. I give my approval that information provided on this application may be made public unless I have indicated otherwise by marking with an asterisk (*). I certify that: (1) I possess a current and valid Amateur Radio License, Technician Class or higher, which has never been suspended or revoked; (2) I have never been denied membership in, nor had membership revoked, in another amateur emergency communications program; (3) I have never been convicted of a felony; (4) I am a citizen of the United States; (5) I am physically and mentally able to perform the duties of the position applied for. Montgomery County Emergency Management has my permission to perform a background check to verify this information.

Signature of applicant

Date

(To be completed by RACES DRO or RLO making referral):

Recommended to RACES position (Full Unit # & Alt. Letter): _____

Title (Include County Name If Co. Liaison): _____

Recommended By: _____ Title: _____

Full Unit #: _____ Date: _____

(For Official Use Only) Received _____ To Personnel _____
 Approved _____ Entered _____
 Card Issued _____ New Expiration _____
(K) Temporary Card Issued _____ New Expiration _____