



**Radio Amateur Civil Emergency Service
- RACES -
Application**



Municipality: _____ County: _____

Name: _____ ID Number: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Telephone Number: (H) _____ (W) _____

Pager: _____ E-mail address: _____

Social Security Number: _____ Date of Birth: _____

Color of eyes _____ Color of hair _____ Weight _____ Height _____

Blood type (if known) _____ RH factor (if known) _____

NJ Drivers Lic. Number: _____ Expires: _____

Station Call: _____ FCC Lic. Class: _____ Expires: _____

I, _____, am hereby requesting to become a volunteer RACES operator in the _____ County or municipal RACES program. I understand that prior to my application being approved, I may be subject to a background investigation including checks of my driving and criminal histories. Any information found as a result of those checks may be cause for my disqualification as a RACES member, at the discretion of the County Emergency Management Coordinator and Radio Officer, or Municipal Emergency Management Coordinator and Radio Officer. I further agree to provide my volunteer services to the best of my ability, to follow the instructions of my Radio Officer, and understand that I am subject to disqualification from the program due to excessive period(s) of inactivity.

Signature

Date

This is to certify that the person named above, having met all requirements as an Amateur Radio licensee, is authorized to operate an Amateur Radio Station in the Radio Amateur Civil Emergency Service. Operation of the Amateur Radio Station will be in accordance with the New Jersey State RACES Plan and the RACES Plan covering this Emergency Management area.

Municipal or County Emergency Management Radio Officer

Date

Municipal or County Emergency Management Coordinator

Date

Please provide a copy of NJ Driver's Lic., Social Security Card, and FCC Amateur License, and send the entire package to your municipal or county Radio Officer.