Colorado R.A.C.E.S Registration

Please legibly print the following information (black ink). It will allow us to register you with CDEM, which will qualify you for service in the Colorado State Radio Amateur Civil Emergency Service… Mail to:
Al Acker, Colorado State RACES RO
1685 Mae Court
Fruita CO 81521

The information provided on this form will be used exclusively by Colorado state R.A.C.E.S and the Colorado Office of Emergency Management.

Name _____ _____ _____
First Middle Initial Last

Address _____
_____

Sex _____
Hair (Color) _____
Eyes (Color)_ _____
Weight (lbs) _____
Height (ins) _____

City _____ State _____

County _____ Zip _____

Call sign _____ Class _____

Date of Birth _____ SSN _____

Email Address _____

Home Phone _____ Work Phone _____

Cell/Mobile _____ Fax _____

Pager _____

Alpha Text URL _____

Mailing Address (if different than the above address)
_____

Emergency Contact _____ Phone _____
I acknowledge that this information is complete and accurate to the best of my ability.

Applicant signature _____ Date _____

Supplementary Data **Call sign** _____

Check (x) or insert details for all that apply

Radio Capabilities

Home (Base) Portable (mobile)

HF _____ HF Mobile _____
(Bands) (Bands)

VHF _____ VHF Mobile _____

UHF _____ UHF Mobile _____

Portable Generator or other base back up power _____

4x4 vehicle _____ Description _____

Incident Command Training

ICS 100 __ ICS 200 __ ICS 300 __ IS-700 (NIMS)__ IS-800 ____

ICS Advanced _____ Description _____

Other activities / training / military background you consider of value to R.A.C.E.S