



**Erie County
R.A.C.E.S.
2880 Flower Road
Erie, Pennsylvania 16509
Fax: (814) 451-7120**



APPLICATION FOR APPOINTMENT

FCC Call-Sign	Date License Expires	Class

Date of Birth	Last Name	First Name	Middle Name
Address: Physical			
			Apt. #
City	State	Zip Code	County

Mailing Address (if Different)			
City	State	Zip Code	County
Home Phone	Cell Phone	Cell Carrier	Emergency Contact

E-mail Address												
Modes / Bands	Check all bands / modes you can operate with your equipment											
-----	160	80-75	40	20	15	12	10	6	2	220	440	other
Mobile												
Fixed												
CW												
AM												
FM												
SSB												
PSK-31												
Packet												
Packet Node Name							On		Frequency			
APRS Node Name							On		Frequency			
Can you Operate HF w/o commercial Power?	Yes	No	UHF/ VHF?	Yes	No							

TRAINING / EDUCATION

I understand that if accepted as a member of Erie County RACES that I will be required to participate in training and exercises. Failure to make a good faith effort to participate in training and exercises shall be grounds for dismissal.

Signature: _____ **Date:** _____

On a separate piece of paper list any other relevant training / education related to amateur radio and/or emergency operations. Please attach a copy of all certificates



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I, _____, understand that membership in Erie County RACES is voluntary and that my membership can be terminated at any time by the County Emergency Management Coordinator. I agree to follow the rules, regulations, policies, standard operating guidelines, etc established by the Erie County Emergency Management. I agree that operation of amateur radio equipment will be done in strict adherence to FCC regulations. I further agree that Erie County Emergency Management may conduct a Criminal Background check.

Signature: _____ Date: _____

Criminal Background Check Received	Yes	No
Date Received: _____		
Candidate Recommended for Approval by RACES Officer:	Yes	No
Signature of RACES Officer: _____	Date: _____	
Candidate Approved for acceptance by County Emergency Management Coordinator:	Yes	No
Signature of Co. EMC: _____	Date: _____	