

**RADIO AMATEUR CIVIL EMERGENCY SERVICE
OF GRAYSON COUNTY TEXAS**

CONFIDENTIAL APPLICATION

NAME _____ DATE of BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TX DL # _____ SOCIAL SECURITY # _____ MARRIED _____ SINGLE _____

HOME PHONE # _____ WORK PHONE # _____

EMPLOYER _____ POSITION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

RADIO LICENSE: AMATEUR: CLASS _____ EXPIRATION DATE _____ CALL _____

COMMERCIAL : TYPE _____ CLASS _____ EXPIRATION DATE _____

NUMBER _____

Equipment:

Fixed - HF _____ VHF _____ UHF _____ CW _____ RTTY _____ PACKET _____ FM _____ SSB _____

Mobile - HF _____ VHF _____ UHF _____ CW _____ RTTY _____ PACKET _____ FM _____ SSB _____

Antenna - Fixed _____ Mobile _____ Portable _____

Emergency Power:

Fixed _____ KW Mobile _____ KW Portable _____ KW Battery Back-up _____

Fuel - Diesel _____ Gasoline _____ Other _____

Additional Information: _____

I hereby accept an appointment as a member of The Radio Amateur Civil Emergency Service of Grayson County and will serve to the best of my ability, as requested by duly constituted authority; And, in accordance with Published Standing Operating Procedures. I also authorize the release of any public or private information about me or my family to certify my reliance and allegiance.

Signature _____ Date _____