

HARVEY COUNTY RACES
Radio Amateur Civil Emergency Service

Application / Renewal Form

Date ____ / ____ / ____

Call Sign: _____ License Class: _____

Last Name _____ First _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Work Phone: (_____) _____

Can you take phone calls while at work? Yes____ No____

E-mail: _____

Emergency Contact: _____

Phone: _____

Please list emergency training experience:

Please list radio equipment:

Other affiliations/Information/Comments:

Return to: Harvey County Emergency Management
P.O. Box 687
Newton, KS 67114

RADIO AMATEUR CIVIL EMERGENCY SERVICE