



**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.