



Western Kern County ARES Registration Form



Personal Information

Name:		
Call Sign:		
Mailing Address:		
City, State, Zip		
e-mail:		
Primary Phone:	()	If Cell Phone list carrier:
Secondary Phone:	()	If Cell Phone list carrier:
License Class:		
Additional Info:		

Operating Capability

Home Station:	<input type="checkbox"/> HF	<input type="checkbox"/> 2 Meters	<input type="checkbox"/> 222 MHZ	<input type="checkbox"/> 440 MHZ
Mobile Station:	<input type="checkbox"/> HF	<input type="checkbox"/> 2 Meters	<input type="checkbox"/> 222 MHZ	<input type="checkbox"/> 440 MHZ
Hand Held:		<input type="checkbox"/> 2 Meters	<input type="checkbox"/> 222 MHZ	<input type="checkbox"/> 440 MHZ
Emergency Power:	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Digital Modes (LIST):				
Additional Info:				

Please attach copies of any ICS or FEMA Certificates you have received.

Activation Notification

Fill in the box(s) with the order you would like to be contacted in the event of an ARES activation.

Text Message Primary Phone Secondary Phone Radio

Signature (Not required when submitted by email)

Date

Return this completed form: kc6eoc@gmail.com