

DEPARTMENT OF PUBLIC SAFETY OFFICE OF EMERGENCY MANAGEMENT

APPLICATION FOR ENROLLMENT & REGISTRATION WITH THE RADIO AMATEUR CIVIL EMERGENCY SERVICE (RACES)

NAME (First, Middle, last)		DOB:	SSN:
ADDRESS:			
PHYSICAL ADDRESS:			
E-MAIL ADDRESS:		PHONE NBR.	PAGER NBR:
WORK NBR.	STATION CALL SIGN:	LICENSE CLASS:	EXPIRATION DATE:

STATION EQUIPMENT, CHECK ALL BOXES THAT APPLY:

- | | | |
|---|--|--|
| <input type="checkbox"/> HF SSB 2-30 MHZ FIXED | <input type="checkbox"/> VHF FM FIXED | <input type="checkbox"/> UHF FM FIXED |
| <input type="checkbox"/> HF SSB 2-30 MHZ MOBILE | <input type="checkbox"/> VHF FM MOBILE | <input type="checkbox"/> UHF FM MOBILE |
| <input type="checkbox"/> HF SSB 2-30 MHZ PORTABLE | <input type="checkbox"/> VHF FM PORTABLE | <input type="checkbox"/> UHF FM PORTABLE |
| <input type="checkbox"/> EMERGENCY POWER | <input type="checkbox"/> EMERGENCY POWER | <input type="checkbox"/> EMERGENCY POWER |
|
 | | |
| <input type="checkbox"/> VHF/UHF PACKET RADIO FIXED | | <input type="checkbox"/> EMERGENCY POWER |
| <input type="checkbox"/> VHF/UHF PACKET RADIO MOBILE | | <input type="checkbox"/> GENERATOR |
| <input type="checkbox"/> HF PACKET RADIO <input type="checkbox"/> FIXED <input type="checkbox"/> MOBILE | | <input type="checkbox"/> BATTERY (S) |
| <input type="checkbox"/> EMERGENCY POWER | | |

I request membership and registration in the Radio Amateur Civil Emergency Service (RACES) organization, New Mexico Department of Public Safety, Office of Emergency Management. By signing this application, I certify that I am a citizen of the United States, will participate in training sessions as required and I will make every effort to make myself available when emergency communications are required. Further I will adhere to all rules and regulations pertinent to RACES as spelled out by the Federal Emergency Management Agency (FEMA) and the Federal Communications Commission (FCC). I have not been convicted of or pled no contest to any felony offenses or any misdemeanors involving moral turpitude.

APPLICANT

DATE

RACES OFFICER

DATE

STATE DIRECTOR, EMERGENCY MANAGEMENT BUREAU

DATE

Provide one copy of this form to the State Races Officer
Department of Public Safety
Emergency Management Bureau
Attn: Communications Section
P. O. Box 1628
Santa Fe, New Mexico 87504-1628