



**Erie County  
R.A.C.E.S.  
2880 Flower Road  
Erie, Pennsylvania 16509  
Fax: (814) 451-7120**



**APPLICATION FOR APPOINTMENT**

<b>FCC Call-Sign</b>		<b>Date License Expires</b>		<b>Class</b>	
<b>Title</b>	<b>Last Name</b>		<b>First Name</b>		<b>Suffix</b>
<b>Address: Physical</b>					
					Apt. #
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>County</b>

<b>Mailing Address (if Different)</b>												
<b>City</b>			<b>State</b>			<b>Zip Code</b>			<b>County</b>			
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Pager Number</b>		<b>Work Phone</b>		<b>Other</b>				
<b>E-mail Address</b>												
<b>Modes / Bands</b>												
<b>Check all bands / modes you can operate with your equipment</b>												
-----	160	80-75	40	20	15	12	10	6	2	220	440	other
Mobile												
Fixed												
CW												
AM												
FM												
SSB												
PSK-31												
Packet												
<b>Packet Node Name</b>				<b>On</b>				<b>Frequency</b>				
<b>APRS Node Name</b>				<b>On</b>				<b>Frequency</b>				
<b>Can you Operate HF w/o commercial Power?</b>							<b>Yes</b>	<b>No</b>	<b>UHF/ VHF?</b>	<b>Yes</b>	<b>No</b>	

**TRAINING / EDUCATION**

**I understand that if accepted as a member of Erie County RACES that I will be required to participate in training and exercises. Failure to make a good faith effort to participate in training and exercises shall be grounds for dismissal.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

On a separate piece of paper list any other relevant training / education related to amateur radio and/or emergency operations. Please attach a copy of all certificates



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I, \_\_\_\_\_, understand that membership in Erie County RACES is voluntary and that my membership can be terminated at any time by the County Emergency Management Coordinator. I agree to follow the rules, regulations, policies, standard operating guidelines, etc established by the Erie County Emergency Management. I agree that operation of amateur radio equipment will be done in strict adherence to FCC regulations. I further agree that Erie County Emergency Management may conduct a Criminal Background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Criminal Background Check Received	Yes	No
Date Received: _____		
Candidate Recommended for Approval by RACES Officer:	Yes	No
Signature of RACES Officer: _____	Date: _____	
Candidate Approved for acceptance by County Emergency Management Coordinator:	Yes	No
Signature of Co. EMC: _____	Date: _____	