#### COUNTY MISSISSIPPI

# **Radio Amateur Civil Emergency Services Application**

Last Name	First		M	I CA	LL
Mailing Address		Cit	у	Zi	p
Street Address		Co	unty		
License Class		Expires			Date of
Birth//	Today's Date	/	/		
Contact Information:					
(Please Check boxes [ ] HOME	for numbers you <u>DO N</u>	NOT wa		nny distrib ORK	uted roster)
Voice ()	[]	(	)		[]
Cell ()	[ ]	(	)		[]
Fax ()	[]	(	)		[]
Other ()	[]	(	)		[]
Mobile Email/Text:			_		
Home/Work Email:					
Please enter my inform					
Other Amateur Radio, Vo	-				
,	, 5 <b>,</b>		_		
Military Branch and Statu	us: (active/past/reserves/i	none)			
US Citizen? [ ] Yes [ ]					
Employer's Name					
Employer's Address					
C	itv			State	Zip -

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Describe bands/modes ye	ou have currently available for fi	xed, mobile and po	ortable amateur operations:
Individual Training Sum	mary:		
	d: em (ICS) a.k.a. National Incident CS-300 [ ] ICS-400 [ ] ICS-700		tem (NIMS): [ ] ICS-
Communications Unit O Communications Unit Le Communications Unit Te Radio Operator (RADO) Incident Tactical Dispate Incident Communication Auxiliary Communication	mmunications Unit Positions: verview (COMU) [ ] Class Certicader (COML) [ ] Class Certificechnician (COMT) [ ] Class Certificate [ ] Workbother (INTD) [ ] Class Certificate as Center Manager (INCM) [ ] Cons (AUXC) [ ] Course Certificate Service Unit Leader (ITSL) [ ]	cate [ ] Workbook ertificate [ ] Work ook done & State ( e [ ] Workbook don Course Certificate [ ate [ ] Workbook d	book done & State Certified Certified ne & State Certified ] Workbook Certified lone & Certified
Other National COMU C	Courses:		
I have [ ] I need [ ] a ha Version Number	rd copy of the National Interope	rability Field Oper	rations Guide (NIFOG)
I have [ ] I need [ ] a ha Number	rd copy of the Auxiliary Commu	unications FOG (A	UXFOG) Version
[ ] I have downloaded th	ne NIFOG mobile app, Version N	Jumber	
[ ] I have downloaded th	ne AUXFOG mobile app, Version	1 Number	
ARRL EC-001 Introduct ARRL EC-016 Emergen	ncy Communications Training Co cion Course [ ] Course Complete cy Communications for Manager	ed [ ] Task book drs Course [ ]	one & EC Certified

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Last Name	First	MI	CALL	
APPLICANTS DO NOT	WRITE BELOW THIS LINE.			
THIS IS THE APPR MANAGEMENT O	ROVAL SIGNATURE OF Y OFFICIAL	YOUR LOCAI	L EMERGENC	Y
Application approved by	local Emergency Management:_			
Signature:		Date:		