

Flagler County Amateur Radio Emergency Service Application Form

Name _____

Date of Birth _____ E-Mail Address _____

Address _____

Home Phone Number _____ Work Phone _____

Fax Number _____ Pager _____

Amateur Radio Call _____ Class of License _____

Capabilities: VHF _____ Mobile _____ Base _____ Handheld/Portable _____
(check all that apply) UHF _____ Mobile _____ Base _____ Handheld/Portable _____
HF _____ Mobile _____ Base _____ Handheld/Portable _____

Back Up Power _____ Other Type of Power Source _____

Any specialty communications (Packet – RTTY) _____

Other Communications – Non Amateur (check all that apply)

Cell Phone _____ CB Radio _____ GMRS _____ Business Band _____

Marine Radio _____ Fire Service / Law Enforcement _____ Other _____

Are you a member of any of these organizations and agencies? (check all that apply)

RACES _____ Red Cross _____ Fire Dept. _____ REACT _____ C.O.P.S. _____

U.S. Coast Guard Aux. _____ C.A.P. _____ Military _____ Other _____

I understand that A.R.E.S. is an Emergency Communications Organization. I may be called upon to assist at any time of day or night during an emergency. I also understand that **membership requires active participation in the organization.**

Signature _____ Date _____

E.C. Signature _____ Date _____