



# TEXAS DEPARTMENT OF PUBLIC SAFETY GOVERNOR'S DIVISION OF EMERGENCY MANAGEMENT STATE RACES APPLICATION



Attach a current copy of your amateur radio license and forward the completed application to your RACES District Radio Officer, or Regional Liaison Officer for the state Division of Emergency Management.

Please check one:     New Application,     Renewal,     Update, or     Other

(If other, please explain) \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ DL #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone - Home:(\_\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Pager (\_\_\_\_\_) \_\_\_\_\_

Retired? \_\_\_\_\_ Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Call sign: \_\_\_\_\_ License Class: \_\_\_\_\_ Expires: \_\_\_\_\_

Other Amateur Radio Organizations presently active in: \_\_\_\_\_

List fixed and mobile equipment [be sure to include bands, mode (voice, CW, or data), antennas, and emergency power capability] (Use back if needed): \_\_\_\_\_

I hereby apply for certification with the Texas State RACES program. If accepted into the program, I will serve to the best of my ability as requested by duly constituted authority and abide by the State RACES Plan and SOP. I understand the minimum participation requirement. I give my approval that information provided on this application may be made public unless I have indicated otherwise by marking with an asterisk (\*). I certify that: (1) I possess a current and valid Amateur Radio License, General Class or higher, which has never been suspended or revoked; (2) I have never been denied membership in, nor had membership revoked, in another amateur emergency communications program; (3) I have never been convicted of a felony; (4) I am a citizen of the United States; (5) I am physically and mentally able to perform the duties of the position applied for. DPS Human Resources has my permission to perform a background check to verify this information.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

*(To be completed by RACES DRO or RLO making referral):*

Recommended to RACES position (Full Unit # & Alt. Letter): \_\_\_\_\_

Title (Include County Name If Co. Liaison): \_\_\_\_\_

Recommended By: \_\_\_\_\_ Title: \_\_\_\_\_

Full Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

*(For Official Use Only)*

Received _____	To Personnel _____
Approved _____	Entered _____
Card Issued _____	New Expiration _____