



# AMATEUR RADIO EMERGENCY SERVICE REGISTRATION FORM

Name: \_\_\_\_\_ Call: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: IA Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ License Class: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

|                       |                      |                      |                      |                      |                      |                     |
|-----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------|
| <b>160<br/>meters</b> | <b>80<br/>meters</b> | <b>40<br/>meters</b> | <b>20<br/>meters</b> | <b>15<br/>meters</b> | <b>10<br/>meters</b> | <b>6<br/>meters</b> |
|                       |                      |                      |                      |                      |                      |                     |

|                 |                |                |                |                |             |               |
|-----------------|----------------|----------------|----------------|----------------|-------------|---------------|
| <b>2 meters</b> | <b>220 MHz</b> | <b>440 MHz</b> | <b>900 MHz</b> | <b>1.2 GHz</b> | <b>APRS</b> | <b>D-Star</b> |
|                 |                |                |                |                |             |               |

Mark capabilities for each band

B-Base  
 M-Mobile  
 P-Portable

Please check any training you have:

- IS-100 [ ] EMCOMM LEVEL 1 [ ]  
 IS-200 [ ] EMCOMM LEVEL 2 [ ]  
 IS-700 [ ] EMCOMM LEVEL 3 [ ]  
 IS-800 [ ]

Can your home station operate without commercial power? [ ] Yes [ ] No  
 If Yes, what bands? \_\_\_\_\_

List any other F.E.M.A. IS courses you have completed:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

List any Red Cross Training you have:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

List any other training you have:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

List any other emergency communications equipment:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

List any other equipment:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

Please check the area you would like to be notified for:

- Local County ONLY [ ]  
 Local and Surrounding Counties ONLY [ ]  
 Statewide [ ]

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to your county ARES Emergency Coordinator: