

Sussex County (DE) Department of Emergency Operations
AUXCOMM Auxiliary Communications Service (ACS)
Application for Registration

For office use only: Date Filed: _____ Added to DB: _____ Added to Email: _____

Call Sign _____ License Class _____ Expiration Date _____

Last Name _____ Suffix _____ First Name _____ M.I. _____

Mailing Address Line 1: _____

Mailing Address Line 2 _____

City/Town _____ State _____ ZIP _____ +4 _____

911 Address Number & Street _____

City/Town & State _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail (pri) _____ (sec) _____

Emergency Contact Person:

Name _____ Relation _____

Phone 1 (____) _____ Phone 2 (____) _____

ARRL Member? Yes No ARES Yes No Position _____

MARS Member? Call Sign _____ Position _____

Employer _____ Position/Dept. _____

Address _____

City/ Town _____ State _____ ZIP _____

Work Phone (____) _____ Can you be contacted here? Yes or No

Courses and training, check if you have credit for these courses and attach certificates or official transcript.

FEMA ICS: IS 100 IS 200 IS 700 IS 800

ARRL Emergency Communication Courses 001 016 SKYWARN CERT

Name _____ Call Sign _____

List other courses and certifications, attach official transcript if necessary:

List Special Skills and Abilities _____

List Public Service Experience: _____

List Hobbies and Interests besides Ham Radio: _____

CHECK ALL THAT APPLY:

Does your home station have emergency power? Yes No What: Gen Batt C) Solar

Does your residence have emergency power? Yes (J No What: Gen Batt Solar

Do you have internet access in your station? Yes C) No

Home station operational on:

HF SSB HF CW HF Digital HF RTTY Antenna(s) _____

VHF FM VHF SSB VHF Digital Modes? _____ Antenna Height (ft.) _____

UHF FM UHF SSB UHF Digital Modes? _____ Antenna Height (ft.) _____

Mobile Operational on:

HF Bands _____ Modes _____

VHF Bands _____ Modes _____

UHF Bands _____ Modes _____

Four Wheel Drive?

Do you have a personal "Go Kit" (if yes describe) _____

Do you have equipment for portable operation? (If yes describe) _____

Signature _____ Date _____