

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

Date Filed: \_\_\_\_\_ by \_\_\_\_\_ Added to DB \_\_\_\_\_ Added to Email \_\_\_\_\_  
(FOR OFFICE USE ONLY)

Call Sign \_\_\_\_\_ License Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_ + 4 \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Can you be contacted here? (\_\_\_\_) Yes or (\_\_\_\_) No

Name \_\_\_\_\_ Call Sign \_\_\_\_\_ Page 2

FEMA ICS Courses, check if you have credit for these courses:

IS 100 \_\_\_ IS 200 \_\_\_ IS 700 \_\_\_ IS 800 \_\_\_

List courses and certifications (ARRL, Red Cross, additional FEMA etc.)

\_\_\_\_\_  
\_\_\_\_\_

Skills and abilities \_\_\_\_\_

Public Service Experience \_\_\_\_\_

\_\_\_\_\_

Hobbies and interests besides Ham Radio: \_\_\_\_\_

CHECK ALL THAT APPLY:

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

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

Do you have internet access in your station?  Yes  No

Home station operational on:

HF SSB  HF CW  HF Digital  HF RTTY Antenna(s) \_\_\_\_\_

VHF FM  VHF SSB  VHF Digital Approximate Antenna Height (ft.) \_\_\_\_\_

UHF FM  UHF SSB  UHF Digital Antenna Height \_\_\_\_\_

Mobile Operational on:

HF Bands \_\_\_\_\_ Modes \_\_\_\_\_

VHF Bands \_\_\_\_\_ Modes \_\_\_\_\_

UHF Bands \_\_\_\_\_ Modes \_\_\_\_\_

Four Wheel Drive

Do you have equipment for portable operation?  Yes  No

Describe \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_