



TEXAS DEPARTMENT OF PUBLIC SAFETY

TEXAS 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 (DRO), or District Coordinator (DC) for the Texas Division of Emergency Management.

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

(If other, please explain) _____ **SSN #:** _____

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, 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 DC making referral):

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

Title (Include County Name If Co. Liaison): _____

Recommended By: _____ **Title:** _____

Full Unit #: _____ **Date:** _____

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(For Official Use Only)

<u>Received</u> _____	<u>To HR</u> _____
<u>Approved</u> _____	<u>Entered</u> _____
<u>Card Issued</u> _____	<u>New Expiration</u> _____