Benton County Amateur Radio Emergency Service

Application Form

(Please Print in Ink)

1. Name: _____
   First Middle Initial Last
2. Address: _____
3. City: _____State: _____Zip: _____County:_____
4. Call Sign: _____License Class: _____ Expiration Date: _____
5. Phone: (Wk) _____ Home: _____
6. Pager? No _____ Yes_____ #_____Voice _____ Digital_____ Alpha/Numeric: _____
7. Date of Birth: _____ Eye Color: _____ Hair Color: _____
8. Height: _____ ft _____ in Weight: _____ lb BPSST # (if known) _____
9. Oregon Drivers License #: _____ SSN: _____
10. Other states in which you have held a drivers license: _____

The above information may be used to conduct a background criminal Investigation. I certify that the information set forth in my application is complete to the best of my knowledge.

Signature: _____ Date: _____

11. ARES Function: Operator _____ AEC _____ EC _____ DEC _____

12 Please mark the bands you can operate: (**H** for home, **M** for mobile, **B** for both)

Mode	160M	80M	40M	20M	15M	10M	6M	2M	220mhz	440mhz	Other
CW											
SSB											
RTTY											
AMTOR											
Handheld											
Packet											

13. Packet BBS for messages: _____

14. Computer type: _____ TNC type: _____Packet/terminal Software_____

15. Additional Equipment/Certs:

	No	Yes	
Battery Power	_____	_____	Which Bands? _____
Emergency Gen.	_____	_____	Kw _____
Four Wh. Drive	_____	_____	
Chain Saw	_____	_____	
First Aid Card	_____	_____	Level _____
CPR Card	_____	_____	
SAR Certified	_____	_____	