

# Pitt County Emergency Communications

## ARES® / RACES Registration

General Information					
Name: _____	Date: _____				
Street Address: _____	Call Sign: _____				
City, State, Zip _____	Class: _____				
Phone Numbers: _____ Home	E-Mail Address: _____				
_____ Work	_____				
_____ Cellular	Year Licensed: _____				
	NWS Spotter Number: _____				
Please identify which NIMS courses you have received certification for:					
<input type="checkbox"/> IS100	<input type="checkbox"/> IS300 <input type="checkbox"/> IS500 <input type="checkbox"/> IS800				
<input type="checkbox"/> IS200	<input type="checkbox"/> IS400 <input type="checkbox"/> IS700 <input type="checkbox"/> Skywarn				
Do you have any conflicts that could prohibit you from volunteering your services as an amateur radio operator in an emergency? <i>If yes, please describe:</i> _____	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">Yes</td> <td style="padding: 0 10px;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				
Are you willing to volunteer your services in an area outside Pitt County, if needed?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Do you have any medical restrictions? <b>(Answer is optional)</b> <i>If yes, please describe:</i> _____	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				

VHF and UHF Operation	
Place an "X" on all that apply:	
2 Meter	2M/440
2M/220/440	Other
Cross Band Repeat	
<b>Mobile</b>	<input type="checkbox"/>
<b>HT</b>	<input type="checkbox"/>
<b>Base Station</b>	<input type="checkbox"/>
Do you have packet capabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an easily portable antenna?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type?	_____

HF Operation	
<b>Base Station:</b> (List brand and model)	_____
What bands can <b>(and do)</b> you operate from your <b>base</b> station?	<input type="checkbox"/> 80M <input type="checkbox"/> 60M <input type="checkbox"/> 40M <input type="checkbox"/> 20M <input type="checkbox"/> 15M <input type="checkbox"/> 10M
In what modes can <b>(and do)</b> you operate from your <b>base</b> station?	<input type="checkbox"/> SSB <input type="checkbox"/> CW <input type="checkbox"/> RTTY <input type="checkbox"/> PACKET
<b>Mobile Unit:</b> (List brand and model)	_____
What bands can <b>(and do)</b> you operate from your <b>mobile</b> station?	<input type="checkbox"/> 80M <input type="checkbox"/> 60M <input type="checkbox"/> 40M <input type="checkbox"/> 20M <input type="checkbox"/> 15M <input type="checkbox"/> 10M
In what modes can <b>(and do)</b> you operate from your <b>mobile</b> station?	<input type="checkbox"/> SSB <input type="checkbox"/> CW <input type="checkbox"/> RTTY <input type="checkbox"/> PACKET
Do you have an amplifier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many watts?	_____

Emergency Power					
Do you have the capability to run VHF or HF from home with Emergency Power?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;"><b>VHF</b></td> <td style="padding: 0 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="padding: 0 10px;"><b>HF</b></td> <td style="padding: 0 10px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<b>VHF</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HF</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VHF</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>HF</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a generator?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how many watts?	_____				
Do you have battery power?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how many amp/hr?	_____				