



Story County
AMATEUR RADIO EMERGENCY SERVICE
MEMBER APPLICATION

Date _____

Personal Information

Name _____
Address _____
City, Zip _____
Email _____

Call Sign _____
License Class _____
Home Phone _____
Work Phone _____
Cell Phone _____

Choose which phone number(s) to receive automated activation notices

- Cell Phone Home Phone Work Phone

First Call List - I may be contacted 24 hours a day, 7 days a week to determine if I am willing to assist a nearby county or to assist in a small scale emergency

I have a 24 hour go-kit (including extra batteries, food and water) for quick deployments

Home Station

HF Bands _____ Digital Modes _____
CW SSB NVIS antenna CB Radio Cross-Band Repeat VHF-UHF
Generator Battery Solar VHF UHF Packet NBEMS

Portable Base Station

HF Bands _____ Digital Modes _____
CW SSB NVIS antenna CB Radio Cross-Band Repeat VHF-UHF
VHF UHF Packet APRS Display Portable Generator 115V _____ watts
Batteries 12V _____ Ah Portable Solar Panels 12V _____ watts NBEMS

Mobile Station

HF Bands _____ Digital Modes _____
CW SSB CB Radio Cross-Band Repeat VHF-UHF
VHF UHF Packet APRS tracker APRS display NBEMS

HT Station

VHF UHF APRS Tracker External Antenna Digital Modes _____

Other Specialized Equipment

- 4-wheel Drive Vehicle Vehicle with Trailer hitch - ball size 1 7/8" 2" 2 5/16"
APRS Portable Tracker
Portable Computer 12V Portable Printer 12V Portable Scanner 12V

Other resources useful in an emergency (trailers, campers, etc): _____

ARRL Classes: EC-001 (EMCOMM Level 1) EC-016 (EMCOMM Level 2/3) PR-101

FEMA Classes: IS-100 IS-200 IS-700 IS-775 IS-800 AuxComm

Other Specialized Training: _____