

Iowa R.A.C.E.S. Station License	Please Print or Type
--	-----------------------------

Applicant Name (Last, First, Middle)	Amateur Call Sign
	E-mail:

Home Address (Street)	City	County	State
-----------------------	------	--------	-------

Location of Station if Different Than Above	Social Security Number XXX - XX -	Zip Code
---	--------------------------------------	----------

Type of Station Application

Primary
 Club
 Red Cross
 State Certified Emergency Operations Center

List All Other Call Signs Held	Check if a Member of MARS
	Army <input type="checkbox"/> Air Force <input type="checkbox"/> NAV/Corp <input type="checkbox"/>

Are You a Member of the U.S. Armed Forces?

NO
 YES
 Branch: _____
 Active
 Reserves
 National Guard

List Current ARRL Appointments:

ARES Member: NO YES - If yes list position:

What is Your Civilian Profession?	If Active CW Operator Indicate Speed WPM
-----------------------------------	---

Is There an Emergency Operations Center in your community?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Home Phone: - -	
		Work Phone: - -	

Do You Have Generator Power? NO YES - If Yes, Complete the Data Below:

Watt Generator: _____ Stationary Portable

Power Source: Gasoline Diesel Natural / LP Gas

Gallons Reserve Fuel on Hand _____

PRESENT COMMUNICATIONS CAPABILITIES

HF	SSB On <input type="checkbox"/> 160 <input type="checkbox"/> 75 <input type="checkbox"/> 40 <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 METERS <input type="checkbox"/> PACKET CW On <input type="checkbox"/> 160 <input type="checkbox"/> 75 <input type="checkbox"/> 40 <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 METERS <input type="checkbox"/> AMTOR
-----------	--

VHF	SSB On <input type="checkbox"/> 6 <input type="checkbox"/> 2 METERS FM On <input type="checkbox"/> 6 <input type="checkbox"/> 2 METERS <input type="checkbox"/> 220 MHz <input type="checkbox"/> 440 MHz PACKET <input type="checkbox"/> 2 METERS
------------	---

RTTY	RTTY On <input type="checkbox"/> 160 <input type="checkbox"/> 75 <input type="checkbox"/> 40 <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 METERS
-------------	---

DIGITAL	TYPE AND BAND:
----------------	----------------

**Attach Photocopy of Your
Current Amateur Radio Station
License Here**

Are you currently an authorized R.A.C.E.S. Station? _____

Remarks: Enter any comments you may have, such as unusual skills that may prove useful in a time of disaster.

DO NOT WRITE BELOW THIS LINE

_____ County EM Coordinator Approval

Recommended Not Recommended (State Reasons) _____

County Coordinators Signature: _____

COUNTY EM COORDINATORS SHOULD KEEP A COPY OF THIS FORM FOR THEIR RECORDS

Iowa HSEMD Communications Officer Approval

Recommended Not Recommended (State Reasons) _____

State R.A.C.E.S. Officer's Signature: _____

Station Appointment (Date): _____

Authorization Letter Sent: _____ Authorization Letter Expires: _____