



**Amateur Radio Emergency Service®
ARES® Registration Form
Please Block Print All Information**

Name:		
Call Sign:		
Mailing Address:		
City, State, ZIP code:		
Home e-mail:		Work e-mail:
Additional e-mail:		
Home phone number:		
Work phone number:		
Cell phone number:		
License Class:		Year First Licensed:

Check bands and modes that you can operate

MODE	160m	80-10 m	6 m	2 m	222 MHz	440 MHz	Others
SSB							
CW							
FM							
DATA							
PACKET							
RMS Express							
Other:							
Mobile Operation							
Portable Operation							

Which of the following training classes have you taken?

SKYWARN Basic	SKYWARN Advanced	IS-100	IS-200	IS 700	IS 800

Can your home station be operated without commercial power? Yes [] No []

For how many hours: _____

Signature _____ Date _____