



UTAH DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MANAGEMENT  
1110 State Office Bldg  
Salt Lake City, UT 84114



Phone (801) 209-7373 Fax (801) 538-3772

**UTAH STATE RACES REGISTRATION FORM**

New  Update (Please enter your RACES Registration #, above)

Name: \_\_\_\_\_

Amateur Callsign: \_\_\_\_\_ License Class: T P G A E License Expiration Date: \_\_\_\_\_  
mm/dd/yy

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (9 Digit)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Affiliations:**

ARES ERC CERT MARS Call: \_\_\_\_\_ CAP Call: \_\_\_\_\_  
MARA SATERN RED CROSS Other \_\_\_\_\_  
(TERT, SCAT, CSERG, BUN, Etc.)

Amateur Leadership Positions: \_\_\_\_\_

I hereby apply for registration with the Utah State Division of Emergency Management as a State RACES Volunteer. If accepted, I will serve to the best of my ability as requested by duly constituted authority and abide by the State RACES Plan and SOP. I certify that: (1) I possess a current and valid Amateur Radio License which has never been suspended or revoked and; (2) I am not currently registered with another State or local jurisdiction's RACES (3) I have never been denied membership, nor had membership revoked, in another amateur emergency communications service; (4) I have never been convicted of a felony; (5) I am a citizen of the United States; (6) I am physically and mentally able to perform the duties I may be assigned. Utah Department of Public Safety has my permission to perform a background check. I agree to abide by and obey all orders and directives of the Federal Communications Commission as they apply to the Radio Amateur Civil Emergency Service and that any authorization issued in accordance with this registration shall be issued with the express understanding that it is subject to revocation or cancellation at any time.

**By signing this RACES Registration Form by electronically entering my legal name in the space indicated (my electronic signature), I agree that my electronic signature is the legally binding equivalent to my handwritten signature and it has the same validity and meaning as my handwritten signature.**

\_\_\_\_\_  
(Signature of Applicant) (Date)

**Emergency Management Organization Assignment:** (Can be signed by the Utah RACES Officer electronically)  
I hereby certify that the above-named individual is duly registered with the Utah Division of Emergency Management and has satisfied all of the requirements for participation in the radio communications network for the State of Utah.

\_\_\_\_\_  
(Signature of DEM RACES Officer - Only) (Date)