

EMERGENCY WORKER REGISTRATION CARD

Jurisdiction:			Issue Date:	Registration Number:	
Name (Last):	(First):	(Middle):			
Address 1:			PHOTOGRAPH		
Address 2:					
City:	State:	Zip Code:			
Driver's License No.:	Date of Birth:	Blood Type:			Sex (M-F):
Height:	Weight:	Color Eyes:			Color Hair:
Physical Disabilities (If any):					
Home Telephone:		Work Telephone:		- In Case of Emergency - Please Notify:	
I certify that the information on this card is true and correct to my best knowledge and belief.					
Emergency Worker Signature:		Date of Signature:	Name:		
Emergency Worker Assignment (WAC-118-04):			Telephone Number with Area Code:		
Authorizing Signature:	Local Jurisdiction:	Date of Signature:	Relation to Emergency Worker:		

EMD-024 (7/06) (FRONT)

EMERGENCY WORKER TRAINING RECORD

COURSE	HOURS	DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS:

EMD-024 (7/06) (BACK)