

## 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:				<b>- In Case of Emergency - Please Notify:</b>	
<b>I certify that the information on this card is true and correct to my best knowledge and belief.</b>							
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)