

EMERGENCY WORKER REGISTRATION CARD

Jurisdiction: WHATCOM COUNTY				Issue Date:	Registration Number:
Name (Last): (First): (Middle):					
E-Mail Address:				PHOTOGRAPH (not required)	
Mailing Address:					
City: State: Zip Code:					
Driver's License No.:	Date of Birth:		Sex (M-F):		
Height:	Weight:	Color Eyes:	Color Hair:		
Physical Disabilities (If any):					
Home Phone:	Work Phone:	Cell Phone:	Pager Number:	- 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-118-04-110):				Telephone Number with Area Code:	
Authorizing Signature:	Local Jurisdiction: WCSO / DEM		Date of Signature:	Relation to Emergency Worker:	

Emd-024 (7/00) (FRONT)

EMERGENCY WORKER TRAINING RECORD		
COURSE	HOURS	DATE COMPLETED
ADDITIONAL INFORMATION - REMARKS:		