

EMERGENCY WORKER REGISTRATION CARD

Jurisdiction:				Issue Date:		Registration Number:	
Name (Last):		(First):	(Middle):	Email:			
Address 1:							
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:				
I certify that the information on this card is true and correct to my best knowledge and belief.						- In Case of Emergency - Please Notify:	
Emergency Worker Signature:				Date of Signature:		Name:	
Emergency Worker Assignment (WAC-118-04-110):						Telephone Number with Area Code:	
Authorizing Signature:		Local Jurisdiction:		Date of Signature:		Relation to Emergency Worker:	

Emd-024 (7/00) (FRONT)

EMERGENCY WORKER TRAINING RECORD

COURSE	HOURS	DATE COMPLETED

ADDITIONAL INFORMATION - REMARKS:

Emd-024 (7/00) (BACK)