

EMERGENCY WORKER REGISTRATION CARD							
Jurisdiction: Snohomish County – DEM Unit:				Issue Date:	Registration #:		
Name (Last):		(First):	(Middle):	Last 4-digits of SSN:			
E-Mail: 1. _____ 2. _____				PHOTOGRAPH			
Mail Address:							
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:			Cell 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:		
Snohomish County DEM							

Emd-024 (7/06) (FRONT)

EMERGENCY WORKER TRAINING RECORD		
COURSE	HOURS	DATE COMPLETED
NIMS 100b		
NIMS 700a		
ADDITIONAL INFORMATION - REMARKS:		
Cell Phone Provider:		