

## 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:		
<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:	
Emergency Worker Assignment (WAC-118-04):				
Authorizing Signature:		Local Jurisdiction:	Date of Signature:	Relation to Emergency Worker:

EMD-024 (7/06) (FRONT)

## EMERGENCY WORKER TRAINING RECORD

COURSE	HOURS	DATE COMPLETED
<b>ADDITIONAL INFORMATION - REMARKS:</b>		

EMD-024 (7/06) (BACK)

PHOTOGRAPH  
(NOT REQUIRED)

**- In Case of Emergency -  
Please Notify:**