

EMERGENCY WORKER REGISTRATION CARD						
Jurisdiction:				Issue Date:		Registration Number:
Name (Last):		(First):	(Middle):	Email:		
Address 1:				<div style="text-align: center;"> PHOTOGRAPH (NOT REQUIRED) </div>		
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):				<div style="text-align: center;"> - In Case of Emergency - Please Notify: </div>		
Home Telephone:		Work Telephone:				
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:		

EMD-024 (7/06) (FRONT)

[illegible]

EMD-024 (7/06) (BACK)