EMERGENCY WORKER REGISTRATION CARD						
Jurisdiction:				Issue Date:	Registration Number:	
Name (Last):		(First):	(Middle):		.	
Address 1:						
Address 2:						
City:		State:	Zip Code:			
Driver's License No.:	Date of Birth;	Blood Type:	Sex (M-F):	PHOTOGRAPH		
Height:	Weight:	Color Eyes:	Color Hair:			
Physical Disabilities (If	any):					
Home Telephone:		Work Telephone:		- In Case of Emergency - Please Notify:		
I certify that the inform	nation on this card is tr					
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 V	Vorker:	
EMD-024 (7/06) (FRONT)			•			

EMERGENCY WORKER TRAINING RECORD						
COURSE	HOURS	DATE COMPLETED				
1 10 33HJ 4003 900						
		the same to				
ADDITIONAL INFORMATION - REMARKS:						
EMD 004 (7/00) (BACK)						

EMD-024 (7/06) (BACK)