Butler County Department of Emergency Services

Amateur Radio Team Identification Badge Request Form

Notice: The information collected on this form is for the sole use of the Butler County Department of Emergency Services. Data will be used exclusively for identity verification, emergency notification, and operational coordination.

PLEASE PRINT LEGIBLY or TYPE

First Name	
Middle Initial	
Last Name	
Email Address	
Home Address	
City	
State	PA
Zip Code	
Cell Phone Number	
Home Phone Number	
Work Phone Number (if applicable)	
Call Sign	
License Class	
Group/Team Name	
Title (if applicable)	
Emergency Contact Name	
Relationship	
Emergency Contact Phone Number	
Driver's License Number	
Driver's License Class	
Text Message Authorization	
Do you wish to receive team alerts and emergency notifications via text message?	[ ] YES [ ] NO

Disclaimer: By selecting **YES**, you opt-in to receive SMS notifications regarding team activations and updates. Please be advised that **Butler County** is not responsible for any data or text messaging charges incurred from your wireless provider. Messaging frequency varies. You may opt-out at any time by contacting your Team Coordinator.

By signing below, I certify that the information provided is accurate and I acknowledge that this data is for the **sole use of the Butler County Department of Emergency Services**.

Signature: _____ **Date:** _____