	EMER	GENCY WORK	KER REGISTRAT	ION CARD	
Jurisdiction: CLALLAM COUNTY				Issue Date:	Registration Number:
Name (Last):		(First):	(Middle):	Social Security Number:	
Address 1:					
Address 2:				1	
City:		State:	Zip Code:	1	
Driver's License No.:	Date of Birth:	Blood Type:	Sex (M-F):	PHOTOGRAPH	
Height:	Weight:	Color Eyes:	Color Hair:	1	
Physical Disabilities (If any):				1	
Home Telephone: Work Telepho		Work Telephone:		- In Case of Emergency -	
I certify that the information on this card is true and correct to my best knowledge and belief.				Please Notify:	
Emergency Worker Signature:			Date of Signature:	Name:	
Emergency Worker Assignment (WAC-118-04-110):				Telephone Number with Area Code:	
Authorizing Signature: Local Jurisdiction:			Date of Signature:	Relation to Emergency Worker:	
	EME	RGENCY WOR	KER TRAINING	RECORD	
COURSE			HOURS	DATE COMPLETED	
				+	
				+	
ADDITIONAL INFORM	IATION - REMARKS:			I	