

TCARES Information Update form

Please complete this form as soon as possible

Call Sign: _____ License Class: _____ Expires: _____

Last Name: _____ First: _____ Middle: _____

Address: _____

Home TX: _____ Work TX: _____ Cell TX: _____ + _____

Please List All

Training you have received (e.g. IS-100, IS-700, IS-200, CPR/AED, Stormspotter)

1

2

3

4

5

Packet/TNC stations, laptops, etc.
and if Base or Portable

1

2

3

4

5

Radios with features (e.g. D-Star, TNC, VHF/UHF/HF) and if Base, Mobile, or Portable

Radios with features (e.g. D-Star, TNC, VHF/UHF/HF) and if Base, Mobile, or Portable

1

2

3

4

5

Antennas and if Base or Portable (include coax lengths if known)

1

2

3

4

5

Any other equipment that might be used during emergency operations (e.g. generator, etc.)

1

2

3

Please print, complete, and return form to KB9GFB@gmail.com
February, 2014