

COWLITZ COUNTY EMERGENCY WORKER REGISTRATION CARD

					DEM Registration Number	
NAME (Last) (First) (Middle)						
ADDRESS (Street - P.O. Box)						
CITY			STATE		ZIP CODE	
Social Security #		Driver License #		Date of Birth		
Sex (M,F)	Height	Weight	Color Eyes		Color Hair	
Home Telephone			Work Telephone			
Cell Phone			Other			
E-Mail Address						
Physical Disabilities (if any)						

I certify that the information on this card is correct to my best knowledge and belief.

Worker Signature Date

Organization

Authorizing Signature Date

Issue Date Expiration Date

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name Relationship Phone #

