

**Application for Idaho North Central Region 2 AuxComm Team  
and Emergency Operations Center (EOC) Access Card**

Applications for North Central Region 2 AuxComm Team and EOC Access Cards must be accompanied by the recommendations of two individuals, approved by a north central county emergency manager, accompanied by certifications showing successful completion of listed ICS courses, and a successful basic background check.

To begin the application procedure, please supply the information requested below and sign to indicate your understanding and acceptance of the conditions. **PLEASE PRINT NEATLY!**

Your LEGAL name (as on your driver's license): LAST, FIRST, MIDDLE INITIAL

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Your physical and mailing address (so we can send US mail to you, if needed):

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Attach Certificates of Completion For:

ICS 100 Date: \_\_\_\_\_ ICS 200 Date: \_\_\_\_\_ ICS 700 Date: \_\_\_\_\_

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I am applying for an Idaho North Central Region 2 AuxComm Team membership and /EOC Access Card.  
I have met the above requirements, and have agreed to the terms and restrictions as stated by the organization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please have two people indicate that they are recommending you for approval by signing below. In general, they should be licensed Radio Amateurs, preferably members of ARES or AuxComm.

I, (print) \_\_\_\_\_, recommend the following person be an accepted member of the Idaho North Central Region 2 AuxComm Team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Call Sign: \_\_\_\_\_ (if applicable)

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I, (print) \_\_\_\_\_, recommend the following person be an accepted member of the Idaho North Central Region 2 AuxComm Team.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Call Sign: \_\_\_\_\_ (if applicable)

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County Emergency Manager Approval for \_\_\_\_\_ County: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_