

**STATE EMPLOYEE AMATEUR RADIO OPERATOR REGISTRY**

First Name:

Middle:

Last Name:

Call Sign:

Expiration Date:

Operator Privileges:

Street Address:

City:

Zip:

County:

Home or Personal Cell Phone:

State Agency Where You Work  
(Spell out complete name):

Agency Address:

City:

Zip:

County:

Position/Title:

Work e-mail:

Work Phone:

Supervisor Name:

Supervisor Title:

Supervisor Phone: