

**DISTRICT 11S EMERGENCY OPERATIONS RESPONSE
RADIO OPERATOR (AUXCOM QUALIFIED)
AND RADIO FACILITY AVAILABILITY DATA DATED _____**

Name: _____ Member # _____ Flotilla _____

Home Location City: _____ State _____ Zip _____

Telephone Home _____ Business _____ Cell _____

My Auxiliary Net Call Sign (if assigned) is _____

Availability _____ Less than 1 hr _____ Less than 6 hrs _____ Less than 12 hrs _____ Less than 24 hrs
(Check the soonest you personally can **depart** for assigned station to act radio watchstander after receipt of notice)

_____ I am available for sustained/long term activity

COMPLETE ALL OF THE FOLLOWING FOR EACH OPERATIONAL FACILITY

FIXED LAND RADIO FACILITY: Facility Name _____

Auxiliary ID NM114 _____ RDF Capability (Y/N) _____

Facility Location _____ (City & State) Lat. N _____ Lon. W _____
(degrees, minutes and tenths of minutes)

Availability _____ Less than 1 hr _____ Less than 6 hrs _____ Less than 12 hrs _____ Less than 24 hrs
(Check the soonest this facility can be ready for activation with a qualified watchstander after receipt of notice)

_____ This Fixed Land Radio Facility is available for sustained/long term activity

TRANSPORTABLE STATION: Facility Name _____

Auxiliary ID NM114 _____ Transport Vehicle: _____ Passenger Car _____ High Clearance _____ 4WD

Facility Location _____ (City & State) Lat. N _____ Lon. W _____
(degrees, minutes and tenths of minutes)

Availability _____ Less than 1 hr _____ Less than 6 hrs _____ Less than 12 hrs _____ Less than 24 hrs
(Check the soonest this facility can be ready for activation with a qualified watchstander after receipt of notice)

RDF Capability (Y/N) _____ This Transportable Station is available for sustained/long term activity _____

LAND MOBILE RADIO: Facility Name _____

Auxiliary ID NM114 _____ Transport Vehicle: _____ Passenger Car _____ High Clearance _____ 4WD

RDF Capability (Y/N) _____ Motor Home equipped/stocked for 7 days & 4 members

Facility Location _____ (City) Lat. _____ Lon. _____
(degrees, minutes and tenths of minutes)

Availability _____ Less than 1 hr _____ Less than 6 hrs _____ Less than 12 hrs _____ Less than 24 hrs
(Check the soonest this facility can be ready for activation with a qualified watchstander after receipt of notice)

_____ This Land Mobile Radio facility is available for sustained/long term activity

I understand that by submitting this form, I am offering myself and any radio facilities listed to participate as indicated in the event of an emergency call out. To the best of my knowledge the information set forth above is true and correct. I agree to notify my FSO-OP in the event of any change in my availability or the availability of my listed radio facilities (vacation, extended illness, loss of certification, facility breakdown, etc.)

(Distribution: Member to FC to DCP to MDA
Coordinator)

(Signature)