

## Div 20, 9WR

# AUXILIARY ID CARD APPLICATION

ALL INFORMATION IS REQUIRED TO CREATE YOUR CARD

Please insert information below each line:

### 1- STATUS

(Have you ever served as a RCO, VCO or DCO)

Circle: yes or no

### 2- NAME

(First -Middle Initial.- Last)

### 3- EMPLOYEE/ID

(Member Number 7 digit)

### 4- QUALIFICATIONS

(Basically Qualified or AUXOP)

### 5- DATE OF BIRTH

(Month /Day/Year)

### 6- WEIGHT

(Pounds)

### 7- HEIGHT

(Inches)

### 8- HAIR COLOR

### 9- EYE COLOR

### 10- BLOOD TYPE

FLOTILLA NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL: \_\_\_\_\_ Phone \_\_\_\_\_