



**State of Washington
Emergency Worker Registration Form
for Pierce County**

Neighborhood _____

Name (last) (first) (middle)

Address (street) (city) (state) (zip code)

Home Phone # ~~Social Security #~~

Please list any disabilities you may have: _____

Have you ever been convicted of a felony? _____ Yes _____ No If yes, please explain: _____

Are you currently registered with the State of Washington as a felon? _____ Yes _____ No

If yes, please explain: _____

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

Signature Date

For Office Use Only

Issue Date Emergency Worker # Assignment Class

Authorized Signature Date

Please mail form to:
PC-NET
Pierce County Department of Emergency Management
2501 South 35th Street
Tacoma, WA 98409-7494