DISASTER SERVICE WORKER



REGISTRATION

LOCAL AND STATE INFORMATION

Loyalty Oath under Code of Civil Procedure §2015.5 & Title 19, Div.2, Chap.2, Sub-Chap.3, §2573.1

	This block to be completed ONLY by government agency or jurisdiction]	
	CLASSIFICATION:	CLASSIFICATION:			SPECIALTY:					
	AGENCY OR JURISDICTION:									
ATTACH PHOTOGRAPH	REGISTRATION DATE:			RENEWAL DATES:						
HERE	EXPIRATION DATE:*			DSW CARD ISSUED?: NO? YES?#:						
	PROCESSED BY:	PROCESSED BY:			DATE: TO CENTRAL FILES:					
TYPE OR PRINT IN IN NAME: LAST			RED BY PR	ROGRAM REGUI	LATIO	NS) SSN:			٦	
INAIVIE. LAST	FIRST	MI				SSI				
ADDRESS:	CITY:				STATE	ZIP:		=		
COUNTY:	HOME PHONE:	HOME PHONE:			WORK PHONE:					
PAGER:	E-MAIL:	E-MAIL:			DATE OF BIRTH: (optional)			=		
DRIVER LICENSE NUMBER	DRIVER LICENSE CLASSIFICATION: A? B? C? OTHER DRIVING PRIVILEGES:				LICENSE EXPIRATION DATE:					
PROFESSIONAL LICENSE:	FCC LICENSE: (if applicable)				LICENSE EXPIRATION DATE:					
IN CASE OF EMERGENCY, CONTACT:						EMERGENCY PHONE:				
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIG	ЭНТ:	WEIGH	HT: (optional)		BLOOD TYPE: (optional)		
COMMENTS:									1	
Government Code ¤3108-¤3109: Every person who, while taking and subscribing to the oath or affirmation required by this chapter states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years. Every person having taken and subscribed to the oath or affirmation required by this chapter, who, while in the employ of, or service with, the state or any county, city, city and county, state agency, public district, or disaster council or emergency organization advocates or becomes a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States by force or violence or other unlawful means, is guilty of a felony and is punishable by imprisonment in the state prison.										
LOYALTY OATH OR AFI	FIRMATION (GOVERNME	ENT CODE §3102)								
Ι,	PRINT NAME		, do sole	emnly swear (or affirm	m) that I	will support a	and def	end the		
	ates and the Constitution of			•				rue faith and allegiance to the Co		
								r purpose of evasion; that I wil	l well and	
faithfully discharge the duties	s upon which I am about to	enter. I certify und	ier penaity of p	erjury that the forego	oing is tru	ue and correct	l.			
DATE SIG	NATURE	TURE				UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN				
SIGNATURE OF OFFICIAL AU	UTHORIZED TO ADMINIST	ER LOYALTY OATH	ł							
TITLE										