

**DISASTER SERVICE WORKER  
REGISTRATION  
LOCAL AND STATE INFORMATION**

**M.R.C.** \_\_\_\_\_



Loyalty Oath under Code of Civil Procedure 2015.5



TYPE OR PRINT IN INK

*This block to be completed ONLY by government agency or jurisdiction*

CLASSIFICATION: Medical & Environmental Health SPECIALTY: Medical Reserve Corps

AGENCY OR JURISDICTION: City of Cupertino, Santa Clara County

REGISTRATION DATE: \_\_\_\_\_ RENEWAL DATES: \_\_\_\_\_

EXPIRATION DATE: \* \_\_\_\_\_ DSW ID ISSUED? NO  YES  ID# \_\_\_\_\_

PROCESSED BY: Ken Ericksen, DATE: \_\_\_\_\_ TO CENTRAL FILES: City Clerk  
Citizen Corps Coordinator

NAME:			NICKNAME:		
LAST	FIRST	MI			
ADDRESS:		CITY:		STATE	ZIP
COUNTY:		HOME PHONE:		WORK PHONE:	
CELL # and PROVIDER:		E-MAIL:		DATE OF BIRTH (Optional)	
DRIVER LICENSE NUMBER (if applicable)		DRIVER LICENSE CLASSIFICATION: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		LICENSE EXPIRATION DATE:	
PROFESSIONAL LICENSE: (if applicable)		FCC LICENSE (if applicable)		LICENSE EXPIRATION DATE:	
IN CASE OF EMERGENCY, CONTACT:				EMERGENCY PHONE:	
PHYSICAL IDENTIFICATION:	HAIR:	EYES:	HEIGHT:	WEIGHT (optional)	BLOOD TYPE (optional)
COMMENTS:					

**LOYALTY OATH OR AFFIRMATION (Government Code 3102)**

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support and defend  
PRINT NAME

the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservations or purpose of evasion; that I will well and faithfully discharge the duties upon which I am about to enter. I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
DATE SIGNATURE

\_\_\_\_\_  
IF UNDER 18 YEARS OLD, SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF OFFICIAL AUTHORIZED TO ADMINISTER LOYALTY OATH  
**Ken Ericksen**  
 Government Code 3108-3109

**Citizen Corps Coordinator**  
TITLE

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, that 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 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.

\*Expiration date is typically 5 years from the registration date.

<input type="checkbox"/> Copy to card holder _____ <input type="checkbox"/> Entered into Database _____ <input type="checkbox"/> ID Card
--