FEMA Form 85-39, APR 07	DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY **EXECUTIVE RESERVIST RECORD**		
NOMINATED BY	LEGAL RESIDENCE	POSITION TITLE	
DATE OF BIRTH	SEX ☐ Male ☐ Female	DATE DESIGNATED	CONSULTANT ☐ Yes ☐ No
1. BUSINESS ADDRESS		1. RESIDENCE ADDRESS	
TELEPHONE NO.		TELEPHONE NO.	
2. BUSINESS ADDRESS		2. RESIDENCE ADDRESS	
TELEPHONE NO.		TELEPHONE NO.	
NTE	COMMENTS		
NAME		ASSIGNMENT	