



Tennessee Association of Broadcasters
ERBA (Emergency Response Broadcaster) ID Card
Employment Verification

Employee Name: _____

Region (West, Middle, East): _____

County(s) of Operation: _____

Employee Title/Position: _____

Employee is: Full Time _____, Part Time _____, Contract _____.

Call Letters: _____

Employer Information:

Call Letters: _____

Company: _____ Call Letters: _____

Street: _____ Call Letters: _____

City: _____, State: _____, Zip: _____ Call Letters: _____

Phone: _____ Web Address: _____

Supervisor (Please Print): _____

Phone: _____ Email Address: _____

I certify that the above listed person is employed by the aforementioned company in the capacity of engineer or technical support. This individual has permission to act as the ERB (Emergency Response Broadcaster) on behalf of the aforementioned company to access areas affected by an emergency for the purpose of restoring, repairing, or resupplying station facilities or equipment and repairing and maintaining transmitters and generators and transporting fuel for generators.

I further understand that all ERBA ID holders will be subject to the following disclaimer: ***“As an Emergency Response Broadcaster under Tenn. Code Ann. Section 58-2-134, I understand that I assume all risk associated with entering an area affected by an emergency, and that no emergency first responders, such as law enforcement personnel, shall be liable to me for any harm I might suffer by entering an emergency area.”***

*The ERBA Identification Card does not eliminate the legal responsibility or authority of public officials (County Mayor, Local EMA Director, Incident Commander) to safeguard lives and property. In the event of an emergency, the ERB (Emergency Response Broadcaster) must contact thier Local Emergency Manager prior to entering an affected area. This is to protect themselves and thier beneficiaries in case of injury or death.

Supervisor's Signature: _____

Supervisor's Title: _____

Date: _____