

CERT Member Personal Information

First Name: Last Name:
Address: City: State: Zip:
Home: Work:
Fax: Pager:
Cell:
Email Address:

Training Completed

Basic CERT Course Completed: Yes No **Date Course Completed:**
Certificate Issued: Yes No **ID Card Issued:** Yes No **Card #:**

Advanced Training

Annual Refresher Training

Drills

Activations

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