Community Emergency Response Team (CERT) Training

1526 Stephanie Rd SE, Rio Rancho, NM 87124
Phone: (505) 891-5855 Fax: (505) 892-3178
Email: cert@rrnm.gov

Applicant Information:

Name: _____
First Middle Initial Last

Street Address: _____
City State Zip

Nearest Cross Street: _____

Mailing Address: _____
(if different than street address) City State Zip

Contact Information:

Cell Phone Carrier: _____

Cell #: _____ Home/Work #: _____

Email: _____

Emergency Contact Information:

Name: _____
First Middle Initial Last

Emergency Contact Phone Number: _____

Personal Information:

Drivers License/ID #: _____ State: _____

Start Date Preferred: _____ T-Shirt Size: _____
S, M L, XL, 2XL …..

How did you hear about CERT:

Web Site ____ Newspaper ____
Friend ____ Work ____
Other: _____

Signature of Applicant:

By siging this form, I attest that the information I have provided herein is true and accurate to the best of my knowledge.

_____ _____
Signature Date