

CERT Application Form

Yes! I want to care for my family, my neighbors, and myself when disaster strikes.

Name: _____

Address: _____

Day Phone: _____

Evening Phone: _____

E-mail: _____

If you have special needs please let us know.

I prefer:

- Weekday evening classes: 2 weekdays (total of 8 classes), 7-10pm
- Weekend classes: (2 Saturday classes) 8am-5pm

Please return completed application to:

Domestic Preparedness & Emergency Management Bureau
Fire-Rescue Department
City of Fort Lauderdale
2200 Executive Way
Fort Lauderdale, FL 33309