

CITY OF NORTH LAUDERDALE



CERT Application

First Name:

Last Name

Address:

City:

State:

Home Phone:

Cell Phone:

Email Address:

Driver License Number:

State:

Issued Date:

Expiration Date:

Name of your subdivision:

Are you a member of a crime watch program? Yes No

If yes, name of the Watch group

Do you have any law enforcement, fire/rescue or medical training background? If yes, please describe:

Have you ever completed a CPR Course? Yes No

Have you ever completed a First-Aid Course? Yes No

Languages spoken:

Other information:

All applicants for the North Lauderdale Community Emergency Response Team will have a background check conducted at no cost to the applicant.

Please return this form to:

Fire Chief Kevin R. Bowman
7700 Hampton Boulevard
North Lauderdale, FL 33068