



Community Emergency Response Team (CERT) Class Registration Form

Class Location and Date:

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone: _____

Send this completed form by mail to:

Unified Fire Authority
Attn: CERT Program
3380 South 900 West
Salt Lake City, Utah 84119

Checks should be payable to the "Unified Fire Authority" or "UFA" for \$30.
Registration can also be completed in person at the UFA or your local City Hall.



Official Use Only

Paid Amt. _____ Cash or Ck No. _____ Equipment Received: _____