



Community Emergency Response Team (CERT) Training Application

I would like to register for the seven-session CERT training:

PLEASE PRINT CLEARLY

Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Nearest cross street to your home: _____

Telephone: Work _____ Home _____

Cell _____ E-Mail _____

Comments and Concerns:

I qualify for the RSVP (age 55+) grant match _____

Please Return all 3 forms by Postal Mail to:

Crime Prevention Unit
Rochester Police Department
101 SE 4 Street
Rochester, MN 55904=3761