



BASIC CERT CLASS REGISTRATION COCONINO COUNTY, ARIZONA



This serves as the official Coconino County Sheriff's Office form for application to the CERT three day class program. Additional information may be requested for assignment to a Coconino County CERT Team as an emergency worker pursuant to Rule R8-2-703.

Registrant:				
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Birth Date <small>(mm/dd/yyyy)</small>	Gender
Address	City	State	Zip Code	
Home Phone	Work Phone	Cell Phone & Vendor		
Social Security No (optional)		Email Address		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
US Citizen?	Driver's License Number	State	Class	Expiration (mm/dd/yyyy)
Employer Name			Phone	
Address	City	State	Zip	
Name of Emergency Contact			Relationship	
Address	City	State	Zip Code	
Home Phone	Work Phone	Cell Phone		
Name of Character Reference			Relationship	
Address	City	State	Zip Code	
Home Phone	Work Phone	Cell Phone		

Respond to the following question: *(if addition room is needed use page 2)*

YES NO (a) Have you ever been convicted of a felony? If so, explain the nature of the offense, date and location within the comments section of page 2.

YES NO (b) Have you ever been convicted of a misdemeanor involving moral turpitude? If so, explain the nature of the offense, the date and location within the comments section of page 2.

YES NO (c) Do you have any medical or health-related issues which might affect or limit your performance as an emergency worker? If yes, please describe within the comments section of page 2.

