



CERT

Community Emergency Response Team Training

Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone (Day): _____ (Evening): _____

Email: _____

For more information on this program, please contact 463-6120. Please return this form with the background check form to:

**Mailing Address:
Morrisville Fire Department
Po Box 166
Morrisville, NC 27560**

**Physical Address (to drop off forms):
260 Town Hall Drive
Suite C
Morrisville, NC 27560
Fax # 919-380-6720**

Or register online at:

www.ci.morrisville.nc.us/fire/certregistration.asp