

C.E.R.T. APPLICATION
FONTANA POLICE DEPARTMENT
OFFICE OF EMERGENCY SERVICES

Name:

Address:

City:

State:

Zip:

Home Telephone Number:

Work Telephone Number:

E-mail:

Date of Birth:

Nearest Cross Street to your Home Address:

List three personal references, not related, who have known you for at least one (1) year:

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Name:

Address:

Phone Number:

Person to notify in case of Emergency:

Name:

Address:

Phone Number:

I certify that the above information is true and correct.

Signature:

Date: