



CERT REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ HOME PHONE: _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

DOB: _____ SOCIAL SECURITY # _____ BLOOD TYPE: _____

SCHOOL/EMPLOYER

NAME: _____

ADDRESS: _____

IMMEDIATE SUPERVISOR: _____

NORMAL WORKING HOURS: _____ TELEPHONE: _____

SPECIAL SKILLS

EMT CPR FIRE NURSE OTHER _____

LANGUAGES SPOKEN: _____

Once you have completed the registration form, please mail, email or fax it to:

Thomas Metzler, CEM
Bergen County Office of Emergency Management
285 Campgaw Road
Mahwah, NJ 07430
metzler@bcoem.org
Fax #: 201-785-8571