

**New Canaan CERT
Training Application**

I would like to register for the six-session CERT course offered in the Fall of 2017.

Name:

Street Address:

City:

State:

Zip:

Telephone (Day):

(Evening):

(Cell):

Email at which you want to receive CERT information:

**Please email this completed form as an attachment to:
certleader@newcanaancert.org**

Or you can mail or drop off this form to:

**Commissioner Stuart Sawabini
New Canaan Police Department
174 South Avenue
New Canaan, CT 06840**

**FOR MORE INFORMATION ABOUT THE NEW CANAAN CERT PROGRAM, PLEASE VISIT
WWW.NEWCANAANCERT.ORG**