



City of Colonial Heights  
CERT Training  
Registration

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Please list any Special Skills or Training you have already received:  
(Ex: able to speak Spanish or sign language, certified CPR, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERT Course Date(s): \_\_\_\_\_

Please Return Applications to **Beverly Brandt** either by Fax or E-Mail

Fax Number: (804) 520-9302

E-Mail: brandtb@colonialheightsva.gov