



## CERT REGISTRATION FORM

Name:

Address:

City:

County:

Zip Code:

State:

Phone Number:

Email:

DOB:

Social Security #:

### SCHOOL/EMPLOYER

Name:

Address:

Immediate Supervisor:

Normal Working Hours:

Telephone:

Languages Spoken:

Once you have completed this registration form please email it to:

**Thomas Metzler, CEM**  
**Bergen County Office of Emergency Management**  
**285 Campgaw Road**  
**Mahwah, NJ 07430**  
**Email: [metzler@bcoem.org](mailto:metzler@bcoem.org)**