

Area \_\_\_\_\_

Approved \_\_\_\_\_

RD \_\_\_\_\_

Class Date \_\_\_\_\_

Rec'd Date \_\_\_\_\_

**COSTA MESA FIRE DEPARTMENT**  
**COMMUNITY EMERGENCY RESPONSE TEAM/CITIZENS FIRE ACADEMY**

APPLICATION

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ (City) (Zip)

WORK ADDRESS

\_\_\_\_\_ (City) (Zip)

TELEPHONE NUMBERS \_\_\_\_\_ /

\_\_\_\_\_ (Home) (Work)

EMAIL: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

\_\_\_\_\_

OCCUPATION

\_\_\_\_\_

EMERGENCY CONTACT:

\_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

\_\_\_\_\_

Which program (s) are you interested in? **CERT** \_\_\_\_\_ **Citizens Fire Academy** \_\_\_\_\_

I consent to a criminal records check and/or fingerprints (taken by CMPD) if required for eligibility to participate in CERT activities or the Costa Mesa Citizens Fire Academy. I agree to abide by all rules and regulations.

Applicant's Signature \_\_\_\_\_ Date

\_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR CERT PROGRAM OR CITIZENS  
ACADEMY?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MAIL, FAX OR DELIVER APPLICATION TO:**

**CERT/Citizens Fire Academy ~ Attn: Brenda Emrick - Fax: 714.327.7408**

**Mail: Costa Mesa Fire Department, Fire Administration, 77 Fair Drive, Costa Mesa, CA 92626**