This form provides the Maine Emergency Management Agency with information regarding Community Emergency Response Team Basic Course Delivery.

**CERT Team Name**

**Address**

**ZIP CODE** **County**

**Local or County EMA or CERT Team Sponsor Contact:**

**Name:****Email:**

**Type of CERT: (Check One)**

**Community** **Teen** **Campus** **Tribal**

**Type of Course:**

**In-Person** **Virtual**

**Dates of Course Delivery:**

**Instructor/Instructors:**

**Is the Course Open to External Participants: Yes:** **No:**

**Person Submitting this Form:**

**Submit Form to Kelsey Preecs, State CERT Coordinator kelsey.preecs@maine.gov**

**Office Use Only**

**Date Reported Received:****Received By:**