



Community Emergency Response Team

Group Requesting Training: _____

Group Contact Email: _____

Group Contact Phone: _____

Individual Requesting Training Yes/No: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Fill out Application Form completely and return by mail or fax reply to:



St. Charles Fire Department
"CERT" Training registration
3201 Boschertown Rd.
St. Charles, MO 63301

Office # (636) 949-3250 Fax # (636) 896-4305

Direct questions to: Shalom Shoaf; e-mail at: Shalom.shoaf@stcharlescitemo.gov