Print Form

New York City Office of Emergency Management
Request for CERT Assistance

Date of Request: _____

Event Date: _____ **Event Start Time:** _____ **Event End Time:** _____

Name of Event: _____ **# of CERT members needed:** _____

Requesting Agency/Organization:

☐ **ARC** ☐ **NYPD**

☐ **DOB** ☐ **OEM/Unit** _____

☐ **FDNY** ☐ **Salvation Army**

☐ **Other, please specify:** _____

Contact Person: _____

Contact Telephone Number: _____

Contact E-mail Address: _____

Contact Person at event (if different from above) _____

Contact Telephone Number: _____

EVENT LOCATION

Facility		Borough	
Address			

Number of expected attendees: _____

Notes (languages, resources, special needs):

_____

_____

_____

_____

NYC CERT task requested?

☐ **Traffic Control** ☐ **Crowd Control** ☐ **Basic First Aid**

☐ **Ready NY presentation** ☐ **Ready NY materials - Fair**

☐ **Staffing, please be specific:** _____

☐ **Other, please state:** _____

Please fax your request to NYC CERT Program Staff at 718- 422-8451 or e-mail to cert@oem.nyc.gov. If you have any questions, please call 718-422-8585.
Please try to give as much advance notice as possible. Thank you!